The News Magazine for Hospitals

HOSPITAL TOPICS

APRIL, 1952

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VOLUME XXX — NUMBER 4

SECURING BUILDING MATERIALS DISCUSSED AT PROTESTANT HOSPITAL MEETING
page 11

RELEASE THESE INVENTORY DOLLARS
page 16

$250 MILLION TO BE SPENT ON MEDICAL SCHOOL EXPANSION
page 18

TRAVIS BROWN STEVENSON, President, South Carolina Hospital Assn. (see page 5)

READ AND PASS ALONG TO

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- ☐ SURGICAL SUPERVISOR
- ☐ O.B. SUPERVISOR
- ☐ BUYER
- ☐ SUPT. OF NURSES
- ☐ MEDICAL LIBRARIAN
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SAVES BED-LINEN—and Laundry Burden
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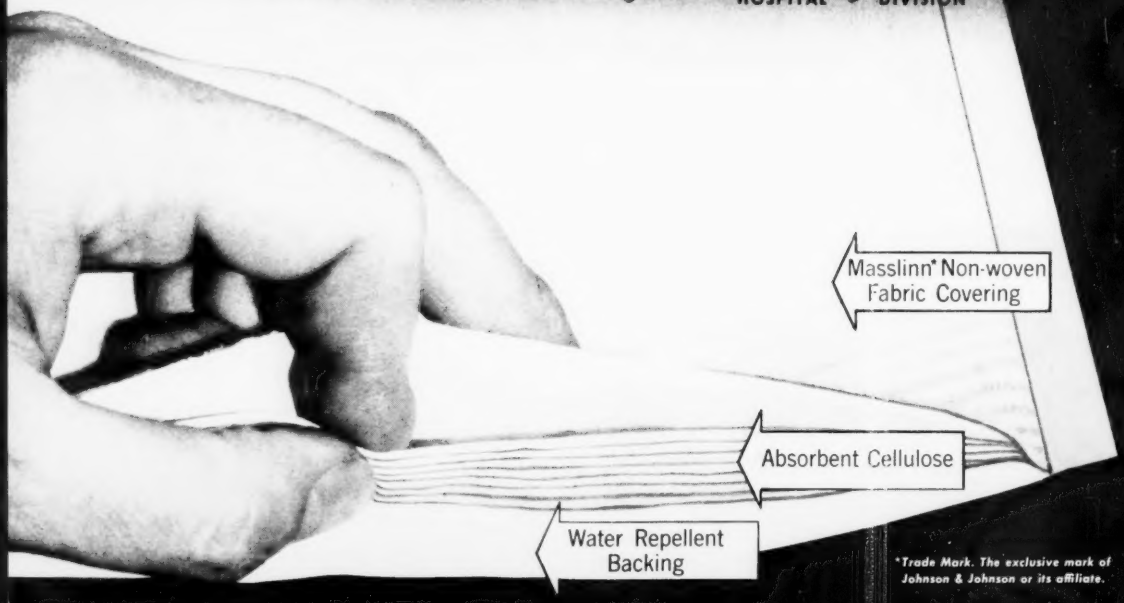
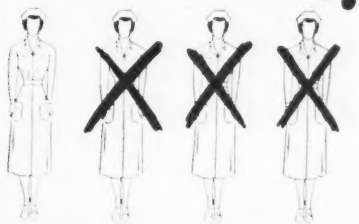
HOSPITAL DIVISION



*Trade Mark. The exclusive mark of Johnson & Johnson or its affiliate.

THE *New* HAUSTED WAY

One Nurse Does the Job of Many!



THE "EASY-LIFT" NOW HAS TRENDELENBURG POWER LIFT

A new and important addition to the labor saving Hausted "Easy-Lift" stretcher is the Power-Lift mechanism that enables a nurse to raise the stretcher to trendelenburg position by simply turning the new Power-Lift Crank.

Special full length side rails and shoulder stops make stretchers adaptable for recovery and emergency use.

THE HAUSTED "EASY LIFT" WHEEL STRETCHER

The Hausted Wheel Stretcher is the most revolutionary new development in stretchers ever offered. NOW, FOR THE FIRST TIME, HOSPITALS CAN PURCHASE ONE UNIT TO DO ALL THE JOBS OF PATIENT TRANSPORTATION NEEDED. The Hausted "Easy Lift" requires only one nurse to care for even the heaviest patient. And, what's more, with this unit no physical exertion is required of hospital personnel - the stretcher does all the work. By turning one control the patient is transferred from stretcher to bed, quickly, easily, and safely. The unit is available in Silver-Lustre finish. The Hausted stretcher easily adjusts to the height of any Hospital Bed. Stretcher width is 26 inches and length is 72 inches. THE HAUSTED "EASY LIFT" STRETCHER IS IDEAL FOR POST-ANESTHESIA AND RECOVERY ROOM.

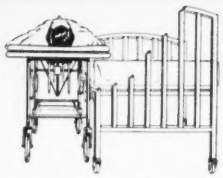
INTRAVENOUS ATTACHMENT

No longer need we see the presently familiar sight of a nurse walking beside a stretcher holding a bottle of fluid in the air. The Hausted attachment eliminates the need for an extra nurse.

THE FOWLER POSITION

By adding the Fowler attachment the Stretcher can be put into proper position in a matter of seconds. This stretcher meets every requirement in transferring patients.

THE TOP FITS OVER THE BED

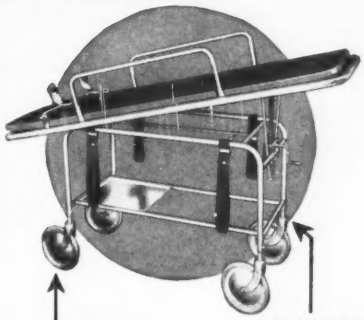


This is the feature that distinguishes Hausted Wheel Stretchers. The stretcher top fits 3¾ inches over the edge of the bed for easier, quicker, and safer patient transfers. The Hausted Standard Stretcher enables just two nurses to transfer even the heaviest patient without fear of disturbing or harming the patient and without strain to the attendants.

THE HAUSTED LOW COST STANDARD WHEEL STRETCHER

This new, low-cost STANDARD STRETCHER provides hospitals with the answer to easier patient transfers. Its sturdy construction and its versatility are the results of careful engineering and research into hospital needs.

The Standard Stretcher's over-the-bed feature is outstanding among its many advantages. Special side rails are available for post-operative or spinal anesthesia use.



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- INTRAVENOUS ATTACHMENT
- RESTRAINING STRAPS
- TRENDELENBURG POWER LIFT

HAUSTED WHEEL STRETCHER

PAT. APPLIED FOR

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MANUFACTURING COMPANY

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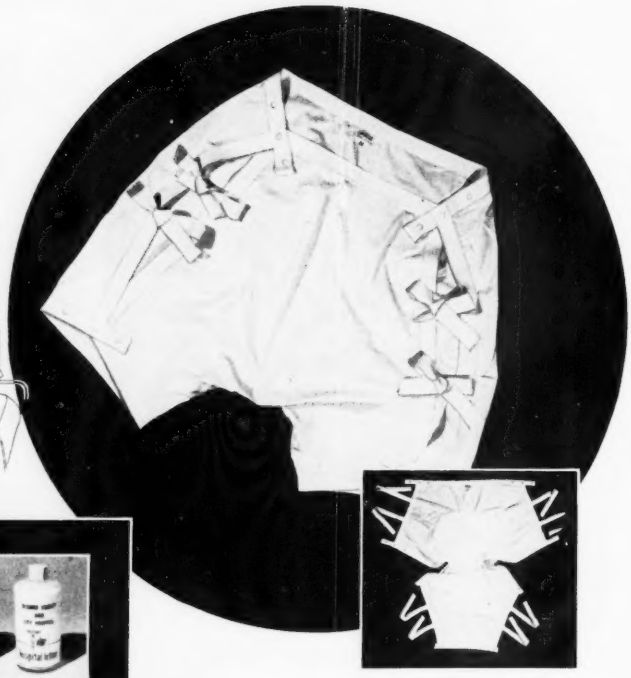

Aloe Hospital Lotion—*More economical, superior to alcohol for body massage*

Now available with label bearing name of hospital

Aloe Hospital Lotion is stimulating, refreshing, and cooling. Contains lanolin, pure olive oil, natural menthol, stearic acid, propylene glycol, magnesium stearate and hexadecanol. Comes in handy 8-ounce bottles or gallon cans from which refills of bottles may be made. Each bottle has a sand-blasted patch for writing patients' names and room numbers. Bottles are packed 3 dozen to a carton.

JS3693A—Aloe Hospital Lotion, 8-ounce bottle, in 3 dozen lots (1 carton), per dozen $3.85
In 12 dozen bottle lots, per dozen 3.45
In 60 dozen bottle lots, per dozen 3.40

JS3693A—Same, but Personalized Label, in minimum lots of 144 dozen bottles, per dozen 3.10

JS3693B—Same, in 1 gallon cans, per can 3.65
In lots of 4 cans, per can 3.55
In lots of 8 cans, per can 3.35
In lots of 20 cans, per can 3.25

JS3693C—Plastic Lotion Dispenser, finger-operated pump type; screws on 8-ounce bottle, per dozen 2.20

New Turnalo Garment—*For Involuntary and Incontinent Patients*

Provides ideal protection for ambulatory cases

This recent development for difficult invalid cases is a water- and acid-proof garment designed to be worn by ambulatory or bedridden patients who are involuntary or incontinent. The material is made of Firestone Velon, electronically welded and fashioned in five sizes. Velon is soft and pleasant next to the skin and will not become hard and brittle after repeated use. Pockets front and back are designed to hold cellucotton and therefore supply immediate absorbency. The garment may be laid out flat and the patient rolled onto it. Ties and snaps provide adjustable fitting and required ventilation. Fit in crotch holds the padding in correct position at all times. Because the garment fits smoothly back, front, and sides, it is ideal for ambulatory patients. Easy to clean; may be washed with soap and water. Withstands heat. In ordering, give waist measurement in inches. Available in the following sizes: Junior, 25-31; small, 27-32; medium, 31-37; large, 37-42; extra large, 42-48.

JS3824—New Turnalo Invalid's Garment (please specify size), each $4.25
In lots of 6, each 4.00
In lots of 12, each 3.50
Sizes may be assorted to obtain quantity prices.

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News Letter

◄ New director, Joint Commission on the Accreditation of Hospitals, is Dr. Edwin L. Crosby, director, Johns Hopkins Hospital, Baltimore, and president-elect, A.H.A. Dr. Crosby assumes his duties Sept. 1.

◄ Get a copy of the April issue of the American Magazine and read, "Your Hospital Bill: Why It Is So High and What You Can Do About It" by Albert Q. Maisel. It pictures the hospital as a highly commercial, out to make as much profit as possible from its paying patients. Be forearmed for the flood of inquiries it will bring from your community.

◄ House recently passed a budget bill that slashes VA, National Science Foundation and President Truman's "Emergency Fund." VA Administrator Carl R. Gray, Jr., states that if cuts are sustained it will prevent opening of new hospitals, paralyze the radioisotope research program and cripple outpatient medical and dental services performed on "home town" fee basis. Cut on the President's emergency fund may result in a short life for his new commission on studying the health needs of the nation.

So far the Public Health Service budget is in better shape. Only token reductions were made for aid to medical research and a full $75 million has been earmarked for new projects under Hill-Burton hospital expansion in 1952-53. PHS's $250,000 item to help states inaugurate water fluoridation programs was abolished. In all probability the fund was killed because committee felt the demonstration period is over and it's up to states and municipalities alone to pay their own fluoridation bills.

◄ Dr. Melvin A. Casberg, Deputy chairman, Armed Forces Medical Policy Council, took over the chairmanship April 1. Dr. W. Randolph Lovelace II resigned to return to his private practice in Albuquerque.

◄ Before next fall, nursing expects to have a new national organizational structure. Instead of six national organizations there probably will be only two—American Nurse's Association and National League for Nursing. The ANA will promote the professional, general and economic welfare of professional nurses and help them become best possible practitioners as individuals and members of a profession. The NLN will incorporate members of the Assn. of Industrial Nurses, Assn. of Collegiate Schools of Nursing, National League of Education and National Organization for Public Health Nursing.

◄ Bolton bill (HR 910) on Federal financial aid to nursing schools has been tabled by the House Interstate and Foreign Commerce Committee. However, Rep. Cole (R., N.Y.) introduced HR 7160 designed to relieve military nursing shortage by authorizing Army, Navy and Air Force to pay for training of selected young women in nursing schools, in return for which they will serve in uniform on a year-for-year basis.

◄ Nine experts in technical and administrative aspects of hospital care financing, appointed to advise the Commission on Financing of Hospital Care in selection and development of its research projects, met for the first time last month in Philadelphia. They reviewed findings of regional conferences sponsored recently by the Commission to determine urgent day-to-day problems crippling efforts to provide high quality care for all the population.

Gordon McMarshall

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Just off the press — new booklet, "Ultraviolet Radiations in Eye, Ear, Nose and Throat Conditions," free on request. Write Dept. 4-52

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Calendar of Coming Meetings

Ohio Hospital Assn.	Hotel Cleveland Cleveland	Mar. 31-Apr. 3
North Dakota Hospital Assn.	Dakota Hotel Grand Forks	April 1
Southeastern Hospital Conference	Atlanta Biltmore Hotel Atlanta	Apr. 16-18
Mid-West Hospital Assn.	President Hotel Auditorium, Kansas City	Apr. 23-25
Iowa Hospital Assn.	Kirkwood Hotel Des Moines	April 23
West Virginia Hospital Assn.	Roanoke Hotel Roanoke, Va.	April 24
Carolinas-Virginias Hospital Conference	Hotel Roanoke Roanoke	Apr. 24-25
Tri-State Hospital Assn.	Palmer House Chicago	April 28-30
Arkansas Hospital Assn.	Arlington Hotel Hot Springs	May 5-6
Tennessee Assn. of Medical Record Librarians	Memphis	May 8-10
Tennessee Hospital Assn.	Peabody Hotel Memphis	May 8-10
Assn. of Western Hospitals	Civic Auditorium San Francisco	May 12-15
Upper Mid-West Hospital Conference	Lowry & St. Paul Hotels, St. Paul	May 14-16
Connecticut Hospital Assn.	New Haven	May 20
Texas Hospital Assn.	Shamrock Hotel Houston	May 20-22
New Jersey Hospital Assn.	Convention Hall Atlantic City	May 21-23
Middle Atlantic Hospital Assn.	Convention Hall Atlantic City	May 21-23
Catholic Hospital Assn.	Public Auditorium Cleveland	May 26-29
American Medical Assn.	Navy Pier Chicago	June 9-13
Biennial Nursing Convention	Auditorium Atlantic City	June 16-20
American Physical Therapy Assn.	Bellevue-strafford Hotel Philadelphia	June 23-28
International College of Surgeons	Conrad Hilton Chicago	Sept. 2-5
International Congress of Medical Records	London England	Sept. 7-12
American Hospital Assn.	Philadelphia	Sept. 15-18
American College of Surgeons	Waldorf Astoria New York City	Sept. 22-26
American Assn. of Medical Record Librarians	Shoreham Hotel Washington, D.C.	Oct. 13-17
Mississippi Hospital Assn.	Heidelberg Hotel Jackson	Oct. 16-17
Illinois Hospital Assn.	Hotel Abraham Lincoln Springfield	Nov. 20-21

HOSPITAL TOPICS *With The Buyer's Guide*

THE NEWS MAGAZINE FOR THE HOSPITAL STAFF

Personality of the Month

Travis B. Stevenson

President, South Carolina Hospital Association
Superintendent-Treasurer
Colleton County Hospital
Walterboro, S.C.

Mr. Travis Brown Stevenson, now president of the South Carolina Hospital Association, entered the field of hospital administration by way of the public school system. He taught science in the Walterboro High School from 1922-24 when he also assumed the duties of principal and coach of athletics. In 1937 Mr. Stevenson was named the Superintendent of Schools. He retained this position until 1945 when he was appointed superintendent and treasurer of the Colleton County Hospital.

Mr. Stevenson attended Carlisle Military School, Bamberg, S. C. and Wofford College in Spartenbrug, where he received an A.B. degree. He earned a Master's Degree in Education at the University of South Carolina. Mr. Stevenson also did graduate work at Teacher's College, Columbia University, New York City in 1937.

He is past president of the Lions Club and of the Department of Superintendency, South Carolina Education Association. He was chairman of the Red Cross Fund Drive in 1944 and is now Chairman of the Red Cross Blood Bank.

Mr. Stevenson married Annie Prickett, St. Matthews, S. C. They have one son, Travis B., Jr., who is now a medical student at South Carolina Medical College in Charleston.

Mr. Stevenson lists bridge, fishing and duck hunting as his hobbies.

APRIL, 1952

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J. F. Fleming, M.D., *Medical Editor*
Inez L. Artico, *Managing Editor*
Gunhild Moberg, *Circulation Manager*
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PRESCRIPTION PAD

By

James F. Fleming, M.D.

Rapid Reduction of Hypertension

The availability of Solution Intravenous Veriloid is anonunced by Riker Laboratories, Inc.

Solution Intravenous Veriloid is a stable solution containing 0.4% of Veratrum viride alkaloids extracted from the crude drug by an original process.

This potent hypotensive agent is capable of producing an immediate, sustained drop in blood pressure. It is an important emergency drug, especially designed for the immediate treatment of hypertensive states accompanying cerebral vascular disease, malignant hypertension, and hypertensive crisis.

Given by infusion, it leads to a hypotensive response in a matter of minutes, correcting extreme elevations of blood pressure which, if allowed to be maintained, could produce serious vascular accidents or even death.

Solution Intravenous Veriloid is supplied in 5 cc. and 20 cc. ampules. Its acceptance by the Council on Pharmacy and Chemistry of the American Medical Association has just been announced.

24-Hour Asthma Relief

Dainite, a new relief measure for bronchial asthma, has been introduced recently by Irwin, Neisler & Company. Dainite tablets are packaged as the unique Dainite Unit containing 48 Day Tablets and 18 Nite Tablets, identified by color and supplied in sanitary, cellophane strips.

Dainite provides 24-hour protection of the asthmatic patient without side-effects. The use of antinausea factors in Dainite permits more effective, prolonged dosage of aminophylline than previously available in preparations for the treatment of asthma.

Penicillin-dihydrostreptomycin

A new penicillin-dihydrostreptomycin antibiotic product with the trade name Penstrep "14:$^1/_2$" has been made available by Merck & Co., Inc., through its wholesale distributors. It contains one half the crystalline dihydrostreptomycin of its companion product, Penstrep "4:1," first marketed in October, 1951.

Penstrep "4:$^1/_2$" contains $^1/_2$ gram of crystalline dihydrostreptomycin, 300,000 units of Crystalline Procaine Penicillin G, and 100,000 units of Crystalline Penicillin G Potassium in each dose. It is supplied in one and five dose vials, and is given intramuscularly after the addition of an aqueous diluent. Each dose is two cc. in volume.

Combined penicillin-dihydrostreptomycin therapy has been found effective in the treatment of mixed infections, certain cases of bacterial endocarditis, urinary tract infections, tuberculosis when accompanied by susceptible secondary infections, and other infections due to organisms susceptible to either antibiotic.

New Vitamin K Form

Synkayvite-CB Lozenges 'Roche' are new, cherry-flavored, candy-like lozenges which provide Synkayvite (vitamin-K compound) vitamin C and B-complex factors. Synkayvite-CB Lozenges are especially valuable in young patients following tonsillectomy when swallowing may be difficult.

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more and more labs are switching to...
HYLAND Blood Diagnostic SERUMS
BLOOD GROUPING SERUMS
Anti-A and Anti-B, sets, 2 cc. of each, 5 cc. of each
Anti-A,B (Group O), 5 cc.
BLOOD TYPING SERUMS
Anti-Rh0 (Anti-D) (Slide or Rapid Tube), 2 cc., 5 cc.
Anti-Rh0' (Anti-CD) (Slide or Rapid Tube), 2 cc., 5 cc.
Anti-Rh1'' (Anti-DE) (Slide or Rapid Tube), 2 cc.
Anti-Rh rh'rh'' (Anti-CDE) (Slide or Rapid Tube), 2 cc., 5 cc.
Anti-rh' (Anti-C) (Saline Tube), 2 cc.
Anti-rh'' (Anti-E) (Saline Tube) 2 cc.
Anti-hr'' (Anti-c) (Slide or Rapid Tube), 1 cc.
OTHER DIAGNOSTIC REAGENTS
Anti-Human Serum (for Coombs Test), 2 cc.
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Clinical Notes

By JAMES F. FLEMING, M.D.

New TB Drugs found Effective

Clinical as well as animal studies have shown that Rimifon and Marsilid have a strong action against tuberculosis infections and are well tolerated. Many cases of far advanced tuberculosis which had not responded to streptomycin and other measures used in the treatment of tuberculosis showed dramatic improvement when treated with Rimifon or Marsilid.

The development of these drugs is the result of prolonged efforts by the Roche Research Laboratories. Both are related to nicotinic acid. Of great importance is the fact that they can be administered in tablet form.

With the new compounds, Schnitzer and Grunberg succeeded in "curing" an animal infected with tuberculosis: the tubercle bacilli failed to grow or cause damage even after treatment was stopped.

Similar results were obtained at Trudeau Sanatorium, Saranac Lake, N. Y., by Steenken, working with guinea pigs and rabbits.

These drugs were tested in monkeys at the Yale colony by Lewis and Zieper. The monkeys thrived on large doses of both drugs.

Selikoff and Robitzek at the Sea View Hospital on Staten Island first administered the drugs to patients with tuberculosis. Most of the patients had been steadily getting worse before treatment and very soon after receiving the new drugs their appetites returned and they gained an average of two pounds a week each week of treatment. Half of the patients had fever before taking the drugs and in every case the temperature became and remained normal. Many stopped coughing altogether. In some instances, X-rays have already shown improvement and in some cases the sputum has become negative for tubercle bacilli.

Only minor toxic effects were noted. Some patients mentioned transient dizziness, slight stimulation and constipation. To date there has been no evidence that strains of the tubercle bacillus have developed which are resistant to the drugs.

The studies at Sea View Hospital have shown that Rimifon and Marsilid are effective in tuberculosis of the throat, tongue, intestinal tract and other tissues as well as of the lungs.

Until now, the drugs have been prepared only in limited quantities for clinical investigation. If they prove suitable for general use, commercial production will be started.

B_{12} Relieves Trigeminal Pain

Due to the success obtained in the treatment of neuritis of pernicious anemia with vitamin B_{12}, this compound has been employed in other neuritic disorders.

Fields and Hoff, of Baylor University College of Medicine, Houston, report on the treatment of 13 cases of trigeminal neuralgia with vitamin B_{12} administered intramuscularly.

They obtained relief which they describe as "remarkable" in all of the cases, and rapid and complete remission in nine. These nine did not have previous surgical intervention. In the other four, where surgery and nerve block had been resorted to, relief from pain was delayed, although they report that the ultimate results were equally as good. The report appears in *Neurology*, March-April, 1952.

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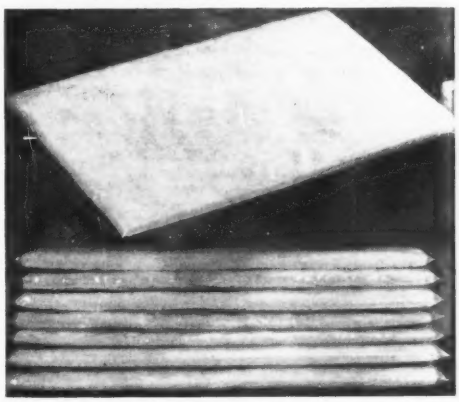


Saniglastic Nursery Pads eliminate use of four to ten cotton pads per infant per day—reducing laundry costs and handling time. Superfine fiberglas, covered with tough, lightweight plastic film, easily wiped clean and disinfected. Retains infant body heat. Initial cost can be realized through sale of infant's pad to mother for 50¢. Cost per gross $65.

SANIGLASTIC, INC.
South Milwaukee, Wisconsin

Scanning the News

Seats Facing Tail Advised for Greater Airliner Safety

Dr. John F. Fulton, Yale School of Medicine says that airplanes should have stronger safety belts and that passenger seats should face the tail end of the plane to lessen the possibility of injury.

Laboratory experiments have proved the value of these improvements. Held by a stronger belt, the passenger is less likely to strike his head on the seat in front of him or be thrown about within the plane. If the seat faces the rear he will not be thrown forward in a crash landing.

Dr. Fulton cited the case of a heavy bomber crashing into a hillside. It was not uncommon to find that although everyone in the plane was killed instantly, the rear gunner was not. The reasons he was not killed Dr. Fulton explained, were (1) because his head and body were supported by solid structure at the time of the impact and (2) because the gunner was riding backwards.

Dr Fulton suggested that airliner seats be anchored to the fuselage so they could resist up to four times the strain they are now subjected to and that padding be placed at the back of the seats to protect the passenger who may be thrown violently forward against a front seat in a crash.

• • •

Animal Welfare Institute Established

The bitter controversy between anti-vivisectionists and research scientists, and the urgent need for greater protection of laboratory animals, were chiefly responsible for the recent establishment of the Animal Welfare Institute, a nation-wide organization with headquarters in New York City.

Recognizing the need for bridging the wide gap now existing between the two groups, with regard to the use of animals for experimentation, Christine Stevens, Ann Arbor, Mich., first made a comprehensive study of the subject, and then organized the Institute to "establish some middle ground on which sincere humanitarians might meet and work for the welfare of both men and animals."

The stated aim of the institute is: "To promote the welfare of all animals. To reduce the total of pain and fear inflicted on animals by man."

• • •

8 Rules for Survival in a Disaster

Eight rules followed in time of disaster may save an individual's life, according to Dr. Walter H. Roehll, Middletown, O. Dr. Roehll was the only physician aboard the streamliner, "City of San Francisco," when it became snowbound in the Sierra Nevada mountains last January.

"In any disaster—potential or real—the key work is conservation; conservation of energy, of food, of water, of worry and of all physical, mental and spiritual stock," said Dr. Roehll.

The rules, which appear in a story in the April issue of *Today's Health* (published by the A.M.A.) are:

1. Keep calm and conserve your energy.

2. Though you may feel the world has abandoned you, actually you can be certain that every effort is being made to effect your rescue.

3. Don't worry too much about food. It's a relatively simple matter to survive a surprisingly long while on extremely reduced rations.

4. Do worry about water. It is far more essential, both for sanitation and for drinking.

5. Always carry a flashlight in your traveling gear and a supply of some oral antibiotic, with directions for its emergency use supplied by your physician.

6. Don't leave the rest of the group. You may find it impossible to return and it may cost the lives of others who go in search of you.

7. Make the best possible use of the skills of those in the party. A calm woman often can be as useful as a skilled nurse.

8. Improvise. Fresh air is almost as good as oxygen. A few drugs can go a long way. In almost any crowd there is someone who understands first aid and artificial respiration.

• • •

Dental Diet to Prevent Decay Seen in Future

Two Harvard University dental professors believe that because teeth never reach a point of maturity, your dentist may some day be able to place you on a diet that will build stronger teeth regardless of your age.

Drs. Reidar F. Sognnaes and James H. Shaw of Boston, have conducted experiments to prove that food, saliva and blood stream are factors in building decay free teeth.

Drs. Sognnaes and Shaw seek to establish the use of radioactive phosphorus as a method of measuring changes in tooth structure. They believe their study is the first step in allowing dentists to determine what factors cause tooth decay and why some teeth are resistant to decay. In the future, they believe, there may be developed a dental dietary care that will be designed to prevent decay.

They received the $500 award for their study at the Chicago Dental Society's meeting in Chicago.

• • •

Color TV Used in Kansas Medical School

The first regular schedule of color-TV demonstrations for undergraduate and graduate medical students is underway at the University of Kansas Medical Center. It marks the biggest advance in technics of medical education in many years.

The medical school has used black and white TV for two years, but the switch to color makes it easier for students to tell a nerve from a tendon.

The TV camera's lens turret is mounted in the overhead light, directly above the table. To cut reflected glare some of the instruments have been given a dull, gun-metal finish.

The surgeon wears a throat microphone in order to explain every cut and stitch. Another professor listens in with students; if something is unclear he can use half of his two-way circuit to ask the operating surgeon to spell it out. On another circuit unheard by students, a senior surgeon can give advice to the operating surgeon.

The setup will cost at least $8,000 a year to operate, but head surgeon Paul W. Schafer says they think it's worth ten times that much.

. . . the development of an improved Insulin preparation . . .

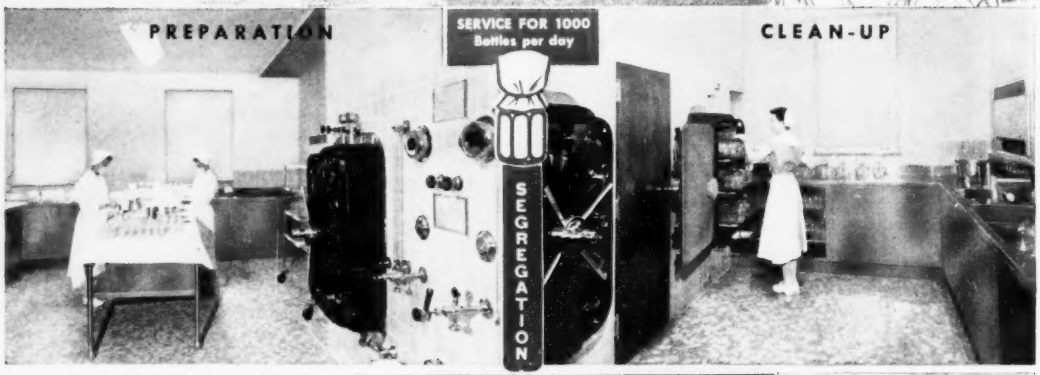
NPH Iletin (Insulin, Lilly)

Hagedorn discovered that the antidiabetic effect of Insulin was lengthened by the addition of basic protein precipitants, such as protamines from fish sperm, globins, histones, and kyrins. Since that discovery, there has been a systematic study of many modifications which might simplify still further the management of diabetes.

In co-operation with the Insulin Committee of the University of Toronto, Eli Lilly and Company has actively participated in this search. Over several years, data were accumulated on the action of various modifications of Insulin in more than 5,000 cases. Through knowledge gained from such studies, many of the difficult time-consuming problems of diabetic management which once confronted physicians are now overcome by the use of NPH Iletin (Insulin, Lilly).

Lilly ELI LILLY AND COMPANY · Indianapolis 6, Indiana, U. S. A.

American
MILK FORMULA LABORATORIES



Courtesy Elizabeth Steel Magee Hospital

THE *Large* HOSPITAL

requires unusual facilities and special refinements to efficiently produce safe formulas for a large number of infants.

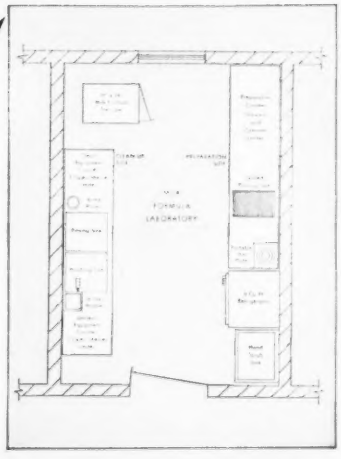
Courtesy Shadyside Hospital

THE *Average* HOSPITAL

must have adequate space for segregation of "clean-up" and "preparation" areas. Operating efficiency and safety are dependent upon proper arrangement of counters, cabinets, sinks and essential sterilizing equipment.

THE *Very Small* HOSPITAL

is frequently unable to allocate sufficient space for the preferred two-room (segregated) plan. This plan is typical of a small formula room designed to operate with efficiency and safety under competent supervision.



Consult American Sterilizer Company's Milk Formula Planning Department. May we send an experienced engineer, or give you preliminary data by mail? Write Department HE-4

AMERICAN STERILIZER COMPANY
Erie, Pennsylvania

DESIGNERS AND MANUFACTURERS OF SURGICAL STERILIZERS, TABLES AND LIGHTS

Above, left to right: The Rev. David Loegler, Director, Department of Christian Social Relations, The Protestant Episcopal Church in the Diocese of Ohio, Cleveland; The Rev. Carl R. Plack, Chaplaincy Consultant, National Lutheran Council, Washington, D. C.; Dr. Leonard W. Mayo, Director, Association for the Aid of Crippled Children; Leo M. Lyons, Director, St. Luke's Hospital, Chicago; and John G. Dudley, Administrator, Memorial Hospital, Houston, Tex.

Problems of Building and High Costs Discussed at Protestant Hospital Meeting

Abstracts of papers presented follow

How to Secure Materials and Supplies

Charles G. Lavin, Assistant Chief Division of Civilian Health Requirements—The Defense Production Administration advises us that economic controls will be tighter in 1952 than in 1951. However, the eventual extent or severity of the additional controls which may yet become necessary cannot be predicted, for our future hinges upon a complex and fluid world situation. I can assure you, however, that in the planning and execution phases of the defense mobilization program, our civilian health needs are not being neglected, even though the primary object of defense mobilization is to give the military what it needs.

IMPACT OF CMP

At present, it is estimated that the first acute shortages in basic materials will be experienced in the second and third quarters of 1952, with a slight easing of the steel and aluminum problem at the year's end. Everything possible will be done to lessen the impact of civilian shortages through conservation and substitution of materials and by rigorous screening of requirements to assure prompt and efficient use of raw materials.

The most difficult production problem, as far as materials are concerned, will be in the copper supply. There is no prospect of a substantial increase in copper for civilian uses in 1952 or in 1953.

Facilities for the production of aluminum are in the process of expansion; and there is a prospect of an increase for civilian uses in 1953.

Any increase during this period in steel allotments for civilian use will probably be for items fabricated almost entirely from carbon steel or chrome stainless steel. The prospects for next year are, however, brighter.

CMP REGULATION 6 AND NPA ORDER M-4A

Health facilities need not always apply to the Public Health Service for construction permits. Direction 1 to CMP Regulation 6 provides for self-certification by construction projects wherever delivery requirements do not exceed two tons of carbon steel or two hundred pounds of copper per calendar quarter and where no aluminum, stainless steel, or alloy steel are needed. The allotment symbol U-8 is used in such cases, and the rating symbol for non-controlled equipment and supplies is DO-U-8.

At the present time, those health facilities requiring delivery of more than two tons of carbon steel, or two hundred pounds of copper, and any quantity of aluminum, stainless steel, or alloy steel in one calendar quarter for construction, must file Form CMP-4C with the Public Health Service. CMP-4C is a three-way application for a permit to construct, otherwise known as an "authorized construction schedule;" for an allotment of controlled materials; and for a priority rating to use in purchasing non-controlled materials and equipment.

The Defense Production Administration allocates on a quarterly basis to the Public Health Service quantities of steel, copper, and aluminum which, in turn, are allotted by the Division of Civilian Health Requirements to the eligible projects based on essentiality of construction.

ESSENTIALITY

All projects are examined carefully to determine if they are urgent and essential. First, every effort is made by the Public Health Service to support all underway projects, given a construction permit with an initial allocation of controlled materials, through to final completion.

Emergency replacements of partial or complete facilities damaged or destroyed by fire, flood, storm, or which are necessary for the protection and safety of the occupants, are given preference over other repairs, renovations and additions. This replacement type even receives a priority over the building of completely new facilities.

CONSTRUCTION

We have received, to date, 276 applications for permits and allocations in the first quarter, 1952, and we were able to approve 169 of the most urgent project applications in the first quarter of 1952. The remaining 107 projects have or will be given permits and allocations in the

(Continued on page 13)

700 DREAMS COME TRUE . . .

Each year thousands of America's girls enroll in schools and hospitals . . . to dedicate their lives to the Profession of Nursing.

They come from everywhere, these girls. Main Street and farms . . . mountain hamlets and coastal towns and skyscrapered cities . . . to tend the sick and carry forward the honor-bright traditions of their calling.

The Florists' Telegraph Delivery Association is proud to have a share in making many of these girls' dreams come true. For, FTDA members contribute yearly to a Fund used for Nurses' scholarships and aid. Last year, for example, FTDA members gave $50,000 toward this Fund in ceremonies such as the one illustrated, where Mr. Victor Stein of FTDA presents a check to the President of the San Francisco Hospital Association. This past year saw almost 700 young women training on FTDA scholarships for this, the Proudest Profession.

FLORISTS' TELEGRAPH DELIVERY
Send Flowers Worldwide
INTERFLORA

FLORISTS' TELEGRAPH DELIVERY ASSOCIATION, Headquarters: Detroit, Michigan

second quarter 1952, thereby completing action on all requests received in the first quarter. Six hundred and ninety-nine projects were given allocations in this same period.

We anticipate receiving approximately 250 applications for new construction projects which propose to start in the **second** quarter 1952. We estimate that we will be able to approve, within availability of materials, about 175 of them. Seventy-five of the less urgent will probably be deferred until the third quarter. Five hundred and thirty-three underway projects were given second quarter.

1952 ALLOCATIONS

Although we have not yet completed a full year's operation under CMP, we estimate that on or about June 30 of this year, approximately 1,200 requests for new starts will have been received since the start of CMP. Seventy-seven percent will have been approved in the quarter in which the permit and allocation was requested. Of the remaining 23 percent, approximately 21 percent will have been deferred one quarter, but less than 2 percent will have been deferred two quarters. We are hopeful that the total number of deferrals in the latter half of this year will level off and possibly be less than the average number to date. Although we probably will not receive the full amounts of controlled materials, necessary to support the total health facility construction program at its normal operating level, if conservation practices are followed to the maximum, we hope to be able to continue to approve the vast majority, in accordance with the requested construction schedules. There will continue to be some deferrals, but if everybody does his utmost to conserve materials, the number of such deferrals should decrease.

CONSERVATION

Engineers and architects can help their clients by designing structures requiring a minimum of critical materials.

Copper brass mill products, structural steel shapes, and steel plates are the controlled materials which we believe will be in short supply in the next ten to eighteen months. The resourceful architect who can eliminate these items in his design, or cut them to the minimum, renders an invaluable service to both his client and to the nation. The use of excessive quantities of scarce materials, especially copper, can only result in delaying your construction project.

Together, DPA and NPA have recommended specific design practices for the conservation of critical materials.

Typical of these practices are: first, the use of wall-bearing masonry construction in lieu of structural steel frame or reinforced concrete frame where possible; second, the substitution of reinforced concrete for structural steel; third, the substitution of non-critical fire-proofing substances for critical ones; fourth, the use of light-weight concrete and plaster aggregates to replace heavier aggregates in order to decrease the quantities of structural or reinforcing steel needed for load carrying members and foundations; and fifth, where conditions permit, the substitution of galvanized steel or wrought iron pipe in lieu of copper tubing and the use of substitutes for copper flashing. Copper brass mill products are in extremely short supply.

STATE AGENCIES

We ask that all applications for new hospital construction be submitted to the Public Health Service through the State Hospital Planning Agency. We have such an arrangement with the State Agencies because they usually are consulted early in the planning stages and they are familiar with the medical care needs in the various states. We have found their advice and assistance helpful in determining the essentiality of the projects.

Technical advice and assistance in the preparation of a construction application is available to you both from your State Hospital Planning Agency or Commission, and from the regional offices of the Federal Security Agency. I urge that you take advantage of these services, for they are organized to help you in the processing and expediting approval of your application.

Application for health facility construction should be made on Form CMP-4C following the provisions of the CMP Regulation on Construction (CMP Reg. 6) and the special instructions in Special Information Sheet No. 8 issued by the Public Health Service. The application should be forwarded in an original and three copies to the State Hospital Planning Agency or Commission in your State, together with supporting data of essentiality and need. The State Hospital Planning Agency or Commission will review your application and make recommendations to us, through the Regional Medical Director in the FSA Regional Office.

ASSISTANCE IN PLACING ACM ORDERS AND RESCHEDULING

Allotments of controlled materials are issued by the Public Health Service on Form CMP-13—phased by calendar quarters. A procedure to assist persons in placing authorized controlled materials orders with producers of steel, copper or aluminum has recently been issued by the National Production Authority.

The NPA Metals and Minerals Bureau will now help to see that allotments under the Controlled Materials Plan find a place as firm orders on producers' mill schedules.

Before applying to NPA for assistance in placing authorized controlled materials orders, holders of CMP allotments should first make every effort to place the orders themselves. Assistance cannot be given until the holder of the CMP allotment is prepared to show that he has tried to place his order with several suppliers and has been unable to do so.

Application for assistance should be made on NPA Form 148, giving information needed by the responsible NPA officials to identify the particular tonnage involved. Copies of the form may be obtained from Department of Commerce field offices; NPA industry divisions; the Steel, Copper, and Aluminum and Magnesium Divisions of NPA; the Office of Small Business of NPA; State Hospital Planning Agencies; State Health Departments, and FSA Regional Offices.

When filing Forms NPA-148, care should be taken to make them complete. Space is available on the form for name and address of the applicant, allotment symbol, allotment record, previous purchase record, applicant's experience in attempting to place orders, and other pertinent data.

We believe that most of the orders can be placed if this system is followed. If the NPA is unable to help in placing such orders, the Division of Civilian Health Requirements, Public Health Service, should be notified, giving full details. This Division will then contact NPA in behalf of such holders.

If orders cannot be placed, accepted and scheduled by suppliers for delivery in the quarters in which allotments are valid because (1) suppliers are unable to schedule delivery, or (2) construction has been postponed and the

(Continued on next page)

Officers and Trustees of the Association are: seated left to right: C. E. Copeland, First Vice-President, Administrator, Missouri Baptist Hospital, St. Louis; Lee S. Lanpher, President-Elect, Administrator, Lutheran Hospital, Cleveland; Leo M. Lyons, Retiring President, Trustee, Director, St. Luke's Hospital, Chicago; John G. Dudley, President, Administrator, Memorial Hospital, Houston, Tex.; The Rev. Carl R. Plack, Retiring President, Association of Protestant Hospital Chaplains, Chaplaincy Consultant, National Lutheran Council, Washington, D. C.; and Albert G. Hahn, H. D. Executive Director, Administrator, Protestant Deaconess Hospital, Evansville, Ind. Standing left to right: Lt. Colonel Edward Carey, Trustee, Salvation Army, Cleveland; L. B. Benson, D. D., Treasurer, Administrator, Bethesda Hospital, St. Paul; Crayton E. Mann, Trustee, Administrator, Baptist Hospital, Evansville; Chester C. Marshall, D. D., Trustee, Administrator, Methodist Hospital, Brooklyn; Mrs. Albert G. Hahn; Lt. Colonel Florence Turkington, Second Vice-President, Salvation Army, New York; The Rev. Carl C. Rasche, Trustee, Administrator, Deaconess Hospital, St. Louis; Chaplain Granger E. Westberg, Trustee, Augustana Hospital, Chicago; and John M. Billinsky, Trustee, Andover Newton Theological School, Newton Centre, Mass.

orders have not been scheduled; the unused portions of allotments should be promptly returned on Form CMP-12, and a revised Form CMP-4C should be submitted for approval of a new construction schedule and allotments in subsequent quarters.

In case allotments in excess of actual needs were made, and no further allotments are needed, only the Form CMP-12 need be submitted. It is especially important that unused allotments be returned promptly in order that allotments can be made to other projects.

If orders have been placed with, accepted, and scheduled by a supplier for delivery in the quarter in which the allotments are valid, and you experience a delay in construction and do not need the materials until a later period, or if the supplier cannot effect delivery as scheduled, deliveries may be rescheduled by the person placing the order, or by the supplier. In such instances the orders are still chargeable to the quarter in which the allotments were originally valid, even though delivery is made in a subsequent quarter.

MEDICAL SUPPLIES AND EQUIPMENT

You are all interested in knowing, I am sure, something about the present picture with respect to medical supplies and equipment which are so vital to the maintenance and operation of existing health facilities.

Naturally, if not enough sterilizers, forceps, sutures, bandages, X-ray equipment and other vital supplies and equipment are produced, you will be among the first to feel the pinch. Certainly, one of our principal interests is to see that a continuing and adequate supply of such items is produced.

In addition to plant expansion in the field of antibiotics, we have recently been able to assist in the expansion of plant facilities in the manufacture of gauze, bandages, burn dressings, ACTH, cortisone, plastic bottle closures, hypodermic needles, syringes, elastic bandages, blood plasma, and the blood extendors.

Since there is essentially no stockpile of medical supplies and equipment, all claimant agencies interested in the distribution of these items have recommended to the control authorities that their output not be hampered by cut-back orders limiting the manufacturer's supply of basic materials. In several categories of medical supplies and equipment there are only a few producers, and their entire production capacity is needed. As the claimant agency for the civilian population in the health field, we have emphasized first, the essentiality of hospitals and other health facilities; second, the importance of health and medical supplies which are so necessary to maintain the health and welfare of both the military forces and the supporting civilian population; and third, the necessity for the continued production of equipment of high quality. We have urged against the forced substitution of inferior materials in functional parts.

Orders for hospital beds currently require approximately twelve months for delivery, while sterilizers require about nine months before delivery can be made. For this reason, we urge you to place your orders for medical equipment as early as possible because you may experience a longer waiting period for delivery in 1952 and 1953, due to the increased needs of the Department of Defense. This does not mean stockpiling, but advance orders should be timed to meet construction schedules and replacement needs.

The materials allocation assigned by the DPA to the Scientific and Technical Equipment Division of NPA has averaged higher than in any other industry division. This Division has the responsibility of redistributing controlled materials to manufacturers of technical lines, including medical supplies and equipment. As you know, up to the present time, shortages in this area have been held to a minimum but the situation may be changed when mili-

tary and Civil Defense requirements become greater. We can assure you that we will continue working to solve this serious problem.

CMP REGULATION 5

I would like to call to your attention the recent changes in CMP Regulation 5 which provides for self-assignment of DO rating to orders for both controlled and noncontrolled materials and products necessary for maintenance, repair and operating supplies, minor capital additions and minor installations.

Health facilities may now self-assign the allotment symbol MRO and rating DO-MRO to obtain: MRO supplies based upon a quarterly MRO quota; minor "capital additions" costing less than $1,000 for any one addition: and minor "installations" costing less than $1,000.

Health facilities, however, may not apply or extend the allotment symbol MRO or the rating DO-MRO to obtain certain items. These are listed in CMP Regulation 5.

Existing health facilities should apply directly to the Regional Medical Director of the Public Health Service for priority assistance when the provisions of CMP Regulation 5 are not applicable. In such instances, a DO-Z-1 rating is issued.

CLOSING REMARKS

The three-point DPA program for defense mobilization on which we are embarked provides for first, military preparedness; second, industrial expansion and third, maintenance of a civilian economy at as a high a level as materials permit, and designed to prevent as much unemployment as possible.

It is a realistic, tough program but if you are willing to accept the idea that the Nation is in real danger, I think you will agree that it is necessary.

CMP rests on a sound economic theory that was tried and tested in World War II. It is encouraging that the military and Atomic Energy Commission requirements for controlled materials are increasing. This sign points to a tremendous volume of defense production that is now building up. In due course, the bottlenecks will disappear, the dam will burst, and I predict that you will see by 1953 and 1954 a production comparable to that which amazed the World in 1943 and 1944—it will be smaller in volume, but equal in intensity of accomplishment.

Practical Nurse Training in Public Schools

Eva Wingert, Principal, Jane Addams Vocational High School, Cleveland—In 1947 the Cleveland Hospital Council appealed to the Board of Education to launch a program for practical nurse training. Inauguration of the program was relegated to the Division of Vocational Education and Jane Addams Vocational High School was selected to pioneer the project.

The recruiting of students for training was conducted with the greatest care. Only those of 17-21 years of age who had completed at least three years of high school work were eligible in the beginning. Post graduates from other city high schools and from several hospitals, recommended applicants who had failed to qualify for the professional classes.

This year, the training has been extended to women 17-55, if they meet the scholarship, personality, and health requirements as set up by the Advisory Council. For women beyond 21 and those living outside city limits a fee of $75 has been established.

The length of the course is 18 weeks, then 34 weeks are spent in one of the three affiliating hospitals. During the hospital training there is a monthly stipend of $75.

How Effective is Blue Cross?

L. B. Benson, D.D., Administrator, Bethesda Hospital, St. Paul, Minn.—In 1933 we started a Blue Cross plan in Minnesota. When it was inaugurated, it was with the majority of the Protestant hospitals in St. Paul. My own hospital was one of the first to affiliate because we believed that everyone is interested in the subject of health and the primary reason for organizing Blue Cross was to help people to help themselves. Following our experiment in St. Paul, Minneapolis joined with us in 1935 and Duluth in 1938 and from then on all hospitals in the state were invited to affiliate. 169 hospitals have affiliated.

Many people ask—why the great increase in operating costs these past years? The tremendous progress in research, development in modern diagnostic and therapeutic facilities, new antibiotics, the rapid advance of the educational program of the Nurse's Training Schools throughout America, the impetus given to the specialization plan in the medical profession, increased costs of commodities and cost of labor are the chief factors. Hospitals have become health centers and people are aware that here proper and efficient care can be secured. We have found that Blue Cross eliminates the hazard of going into debt to pay a hospital bill and more importantly it provides part of the patient's cure by eliminating worry over payment of the bill.

The seven hospitals which organized the plan in St. Paul consisted of six Protestant church institutions. Catholic hospitals deferred entering the Plan until about 1935. These seven hospitals donated $847. as working capital and provided that Blue Cross could withhold one dollar per day of their payment for use for working capital until the Plan became financially sound. This was eventually paid back to all the institutions. At the end of the first year, we had only 1,812 subscribers, and we were operating in the red with the determination that the Plan was going to be successful.

Today in Minnesota, over 1,250,000 people, or one out of three, are covered by Blue Cross and besides, we have the Blue Shield Plan, by which more than half a million people in the last four years have had coverage to help pay their medical bills.

During the last year, Blue Cross provided care in contracting hospitals to the extent of 700,084 days. Of the total contracting hospital bills to Blue Cross subscribers during the year totaling $14,927,164. Blue Cross allowed $10,493,062. In my own institution subscribers used 22,371 days of care. Our total bills to subscribers were 545,023 and Blue Cross subscribers received allowances on these bills totaling $47,097. How did we get paid for these allowances? In Minnesota we have developed a method whereby over a period of a year Blue Cross pays hospitals on a full cost basis. By "full cost", I mean they pay on their actual cost of operation, plus 10% over and above this amount to take care of depreciation and other items of overhead expense.

I am further impressed that Blue Cross is effective in Protestant hospitals because Blue Cross is operated on a non-profit basis. During the twelve months of operation last year in Minnesota, over 90 percent of the money received by Blue Cross has been returned to the subscriber and we have been able to keep our operating expense around 8.3 percent.

Blue Cross should continue to have the support and cooperation of every Protestant hospital for it is a movement embodying all those whose real purpose is to provide care for those who are sick and injured.

Release These Inventory Dollars!

● Tons and tons of high alloy steel, brass, and chromeplate are lying useless in hospitals—in the form of idle medical gas cylinders and the valves with which they are equipped. Large supplies of vital metals will be thrown into the manufacture of new cylinders and valves to meet the ever-increasing demand unless cylinders are ferreted out and put back into circulation. Without being aware of it, the majority of the hospitals in the country are contributing to this situation.

Investigation of this situation will uncover unnoticed fire hazards and other unsafe conditions and release many unemployed dollars of inventory.

One administrator thought his cylinder stocks efficiently handled until he received a complaint of an accumulation of empty cylinders in a washroom. Curious, he ordered a search of the entire building. At a cost of five man-hours, the inventory was reduced by a $1000. New storage and floor space was opened. Ether and Cyclopropane were found stored in a closet in surgery along with Oxygen, Nitrous Oxid, dressings, etc. This hazardous condition was corrected promptly. Responsibility for the inventory was delegated and a control system established to prevent a recurrence.

Cylinders have been found in surprising and embarrassing places —especially to these administrators:

- In a general storage room behind cartons stacked to the ceiling, nine crates loaded with empty cylinders and covered with dust were found.
- Several cylinders were found in an old abandoned phone booth.
- Many cylinders were found attached to old anesthetic machines in storage. Some, removed from little-used anesthetic machines, were found to be equipped with a full complement of cylinders.
- In one hospital, three large cylinders were being used for a coat rack.
- Another hospital found several cylinders loaned to doctors had never been returned.
- Twelve large cylinders (over $30 each) were found set in concrete serving as posts for a wire fence—too late to be reclaimed.
- Two crates of six full cylinders each were found in a morgue.
- A crate of full cylinders was found in an attic under old mattresses.
- Cylinders have been found in sections closed off for alterations. Laboratories have been found lax in returning empties and frequently had too many cylinders on hand.
- Excess stocks have been found in closets and on floors where needs have not been carefully analyzed.

Check every room in your hospital! An investigation will probably turn up one or more of the above conditions.

Refer to the National Fire Protection Association Pamphlet No. 56, "Safe Practice of Hospital Operating Rooms," for standards to be followed in eliminating hazardous conditions. If you lack this valuable pamphlet, send 25c to Association headquarters, 60 Batterymarch St., Boston 10, Mass., to get yourself a copy.

After your hospital has been checked, delegate responsibility for all cylinders in inventory to one person. Issue instructions that NFPA Pamphlet #56 is to be followed, periodic checks of all areas of all buildings are to be made, and each stocking point is to be reviewed frequently to determine if the inventory is commensurate with your needs.

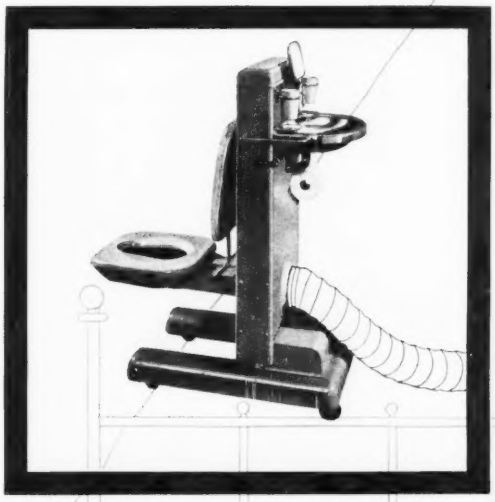
Illustration, Courtesy, E. R. Squibb and Sons

What good

is a Bathroom to a Bedfast Patient?

May we send you the complete story of

the Lavoilet



The LAVOILET provides a flushing toilet and a lavatory with hot and cold running water. It is easy to install . . . easy to use, in or out of bed.

There are so many things the LAVOILET will do for any hospital . . . large or small, old or new.

It reduces the number of patient bathrooms . . . saving money and space.

It reduces the number of nursing calls because the patient serves himself . . . and gladly.

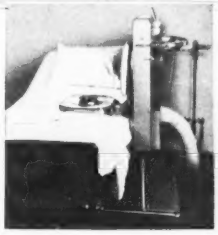
It raises the morale of your nursing staff and helps substantially in recruitment.

It increases hospital revenue because patients gladly pay a premium for LAVOILET comfort and convenience.

Now is the time to make the LAVOILET a part of anticipated planning . . . whether it be building, expanding or modernizing.

Self-service features conserve tremendous amount of nurses' time. And patients thoroughly enjoy waiting on themselves.

Toilet automatically adjusted to bed height. No lifting of patients. Motorized LAVOILET will lift patients on or off bed.



. . . the first name in hospital supplies

American Hospital Supply corporation

GENERAL OFFICES • EVANSTON, ILLINOIS

$250 Million to be Spent on New

● The greatest expansion program in the history of medical education, to cost $250,000,000, is now under way in this country.

Almost every college of medicine in the United States is planning to increase its physical facilities. New laboratories, additional classrooms, modern dormitories and special research clinics are on the drawing board or actually under construction.

At present the country maintains seventy-three four-year institutions of medicine, and seven two-year colleges. Commissions or fact-finding committees have been set up in at least ten states to map plans for the development of new medical colleges. Some of the existing two-year schools will be expanded into regular four-year, degree-granting colleges of medicine.

These findings are based on a nation-wide survey conducted by The New York Times, in which the eighty medical colleges and the forty-eight state commissioners of education were reached through questionnaires.

In the current academic year—1941-52—the medical colleges admitted the largest freshman classes in recent history, a total of 7,381 students. The total enrollment has been growing steadily since the end of World War II. Now it is slightly above 26,000, compared with 23,000 five years ago.

Despite the expansions now taking place, large numbers of qualified applicants are unable to gain admittance to any medical college in this country. Many of them seek places in foreign institutions. The records indicate that 20,000 individuals applied for admission to American medical schools for the current college year. As many of them applied to more than one institution, the total number of applications was more than 70,000, or an average of 3.5 a student.

More state and municipally owned medical colleges keep out non-residents than ever before. One-fourth of the schools exclude all students who do not reside in the state, while more than 50 percent give preference to residents. Some of the medical colleges admit only two or three out-of-state applicants in any entering class. The Council on Medical Education of the American Medical Association reports that seventeen public colleges did not admit non-residents this year, compared with nine in 1948, seven in 1947 and none in 1946.

Of the total freshman class admitted last year by state and municipal schools, less than 7 percent were non-residents, compared with 17 percent ten years ago.

As a result of these geographical restrictions, some of the medical colleges have few students from which to choose. In some instances a medical school is forced to take nearly every one who applies, while other colleges can accept only one out of every twenty or thirty applicants. This makes for uneven scholarship. Whereas A or B students may be turned away in the big-time Eastern private colleges, low B or even C students are accepted in the states that enforce non-resident regulations.

Contrasts in Admissions

These figures, prepared by Dr. John M. Stalnaker, director of studies, Association of American Medical Colleges, suggest the wide variations that exist among institutions:

Medical School	Size of Freshman Class	Total Number of Applications Acted on
Alabama	80	251
Arkansas	90	185
Colorado	80	188
Georgia	89	249
Iowa	120	158
North Dakota	36	83
South Carolina	70	148

By contrast, here is the size of entering class and total number of applications acted upon by institutions that have no geographical restrictions:

Albany	50	1,410
Boston	72	1,353
Chicago Medical	72	1,538
Columbia	120	2,034
Cornell	86	1,831
George Washington	95	1,824
Harvard	114	1,374
Jefferson	166	2,592
New York Medical	128	2,879
New York University	140	2,072
Pennsylvania	135	2,180
Syracuse	76	2,284

Commenting on this wide discrepancy in the number of applications received by various colleges, the Council on Medical Education observes:

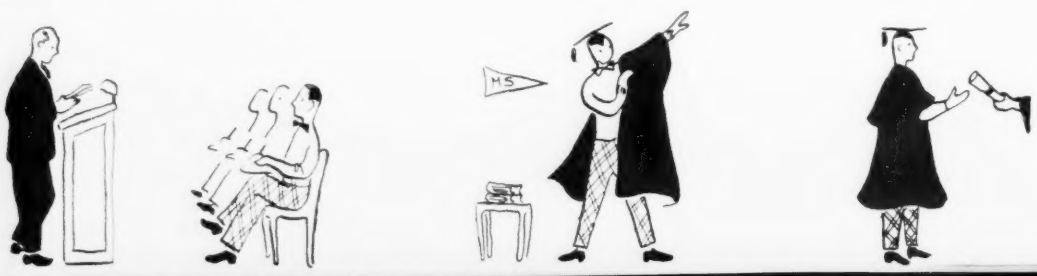
"Those schools that restrict admissions to residents of a single state will probably have the greatest difficulty in finding suitable students to fill all their available places."

According to Dr. Stalnaker, a few of the schools with such restrictions are at this time taking almost everyone who applies. Some of the applicants are ill-qualified for the study of medicine, have poor academic records and poor test scores but nevertheless are admitted.

"Some state schools, which require that the student be a state resident to gain admittance," declared Dr. Stalnaker, "are literally scraping the bottom of the barrel to fill their classes."

Almost half of the total number of applicants for medical schools come from seven states, in this order—New York, Pennsylvania, California, Illinois, Ohio, New Jersey and Texas. Twenty-nine percent of the New York applicants were accepted, while 50 percent of those from Texas were admitted.

Despite the financial problems that are troubling the medical colleges, a record expansion program is well under way. Nearly half of the colleges are now engaged in fund-raising campaigns. They are seeking from both public sources and private individuals or foundations approxi-



Medical School Facilities

Reprinted with permission from New York Times, March 2, 1952

mately $200,000,000. Eighty-four percent of the medical schools reported that they were planning to use this money to expand their physical facilities.

$50,000,000 for New Schools

According to The Times' survey, the medical colleges will spend, within the next few years, $50,000,000 for laboratories, $30,000,000 for classrooms and $20,000,000 for dormitories. Another $100,000,000 is earmarked for research and special projects. In addition, the immediate cost for establishing new medical institutions will run above $50,000,000 making an over-all expansion program of a quarter of a billion dollars.

The University of Rochester Medical School is planning a $750,000 new wing to give added space for operating facilities and surgical supplies. The Medical College of the State of South Carolina plans to spend $800,000 for laboratories, $1,000,000 for dormitories and $8,250,000 for special and research projects, including a teaching hospital.

Vast improvements are planned at the University of Michigan Medical School. A $3,600,000 out-patient clinic will be ready for occupancy this fall, while a $3,000,000 research institute is also under construction. The college is also seeking $15,000,000 from the Legislature for a medical science building and $4,500,000 for a general children's hospital.

New Schools Being Started

To meet the increasing demands for more physicians and medically trained men, at least ten states have taken steps to build new medical schools or expand their two-year basic science schools into four-year institutions. The University of California at Los Angeles completed its medical school, and admitted its first class last September.

The University of Mississippi is proceeding rapidly with its plan to make a regular four-year medical school out of its two-year basic science institution. Dean D. S. Pamkratz of the school of medicine estimates that $8,500,000 will be needed to expand the physical facilities. An entering class of twenty-eight is to be admitted each year for the next several years. Dr. Pamkratz said that the graduate work was to be expanded, with special emphasis on general practice.

"We hope to build a rehabilitation center, a new state health department, a large student dormitory, a nurses' home and other ancillary medical buildings in the near future," he added.

The states of New Jersey, Connecticut, Rhode Island, Massachusetts and Florida have appointed commissions or set machinery in motion to found medical colleges. The Legislature of West Virginia authorized the expansion of the West Virginia University School of Medicine to a four-year program. The basic science school of the University of Missouri will be expanded to a four-year program, according to present plans.

All of these new medical projects are planned under public auspices. The only medical college under private sponsorship is being founded in New York City.

A $25,000,000 medical center comprising colleges of medicine, dentistry, nursing and public health is being established under the guidance of Yeshiva University. The center is to be affiliated with the city $36,500,000 hospital project in the Bronx. According to Dr. Harry M. Zimmerman, director of the new college of medicine, the institution will open in 1953 with an entering class of 100, and will eventually have a total student body of 400. The college plans to spend $10,000,000 for its basic medical building. A fund-raising campaign is now under way directed by State Attorney General Nathaniel L. Goldstein.

Thirty percent of the nation's medical schools report that they are unable to get sufficient funds to meet their operating budgets. Many are engaged in campaigns to "keep their heads above water." Forty-five percent report that they find it difficult to get a sufficient number of qualified faculty members. However, Dr. Zimmerman reports that the college of medicine he heads is experiencing no difficulty in enlisting an adequate staff of competent instructors.

A majority of the medical deans—78 percent—believe that there is a shortage of doctors in this country at present, and advocate further expansion of medical facilities. Many suggest, however, that the shortage could be alleviated with better distribution. They point to critical shortages in rural areas.

For example, the University of Tennessee College of Medicine notes: "There is a definite shortage of medical service in rural areas. There is also a definite shortage in public institutions, such as mental hospitals and in public health service."

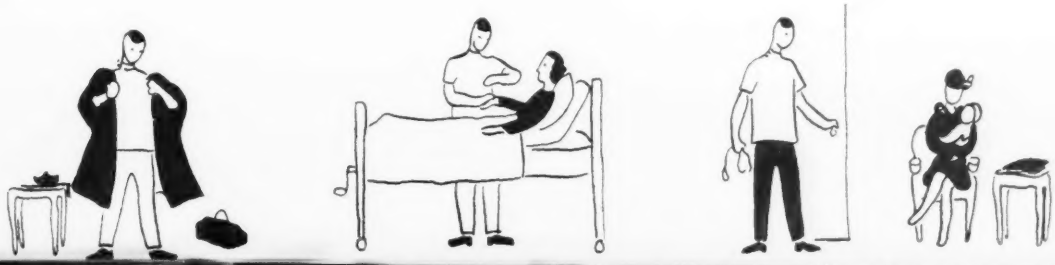
Similarly, Dean R. Hugh Wood of the school of medicine at Emory University observes: "There is unquestionably an actual shortage. The effect is magnified by the additional factor of unequal distribution of physicians."

To Admit More Students

Many institutions are increasing their enrollments to meet the demands from their communities for more physicians. However, Dr. Wood warns that classes of more than 100 may weaken the present high medical standards. Rather than greatly increase the enrollment of existing schools, additional ones should be established, said Dr. Wood, adding:

"One of the present threats to the quality of medical education stems from the fact that members of state legislatures do not understand this point. There have been several instances in the last few years in which the state government has ordered the medical school of the state university to increase its enrollment without providing additional facilities and budget."

Many medical authorities believe that the existing enrollment can be increased without lowering the quality, if sufficient funds are obtained to add to the physical plant and increase the faculty. Every one reached in The Times' study urged that the high standards in medical education be safeguarded.



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THE THIRD PARTY-PAYER
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By Harry Becker, Associate Director
Commission on Financing Hospital Care
Chicago, Illinois

Abstract of a paper presented at the annual convention of the Wisconsin Hospital Association

● During the past decade the impact of our changing social and economic life has been felt more by the hospital than most other institutions. It is not possible to expand standards of care, provide services to more people and still meet higher costs of operation without, at the same time, asking the consumer of hospital services for more money. The financial problem that confronts hospital administrators is, in large part, the direct result of a lag between the upward movement in costs of providing services and the willingness and ability of the buyer of services to pay the bill.

We can probably expect in the period immediately ahead, a continued rise in hospital operating costs. It is reasonable to assume an expanding consumer demand for hospital services and a broadened scope and supply of services. As a result the percentage increase in cost of prepaid hospital care, per thousand persons covered by a prepayment plan, may very possibly exceed the percentage increase in the daily cost of hospital operation.

CONSUMERS WILL INCREASE

Another factor to consider is the probability that the number of people per thousand population who will use hospital facilities will tend to increase in the future rather than decrease. This will occur at the same time hospital services are expanded to make more generally available such items as diagnostic and rehabilitation services. Also, the upward trend in our general educational level, the improved income status of the people, and the steady increase in the proportion of persons in the older age groups will be factors which tend toward more use of hospital services. We can probably expect, especially as the national defense expenditures reach a plateau, an increase in the total supply of hospital beds.

Substantially more funds will be needed for investment in facilities and equipment in the next ten years than were allocated for these purposes during the past decade. Likewise the number of persons trained in the health professions will increase, and the amount of funds required for training programs will gradually, but surely, move upward.

In all probability the new developments in medical science will mean increasing use of the hospital as a principal community agency where medical care is made available.

In our general consideration of economic problems confronting the hospital administrator we must not overlook the shift in source of hospital income. The percent of hospital income from endowments and charity sources is tending downward and the trend will probably not be reversed. Income obtained directly from the patient at the time of hospitalization is growing less each year. Since these sources of hospital income have been reduced, the significance of the "third-party" payer has increased and will continue to increase. The primary source of hospital income in the future will be payments made by third-parties.

Before the hospital administrator can provide the kind of service the public is demanding, and before he can maintain his hospital program at the standard dictated by present day medical developments, he must receive payment on a basis which will cover cost of services rendered by his hospital. Moreover, until 95 percent or more of all patients are prepaid, or whose care is paid by third-party agencies, the hospital administrator may expect to have difficulty meeting his budget.

With only fifty percent of his patients prepaid he cannot expect this prepaid group to cover the deficits created by less than full payment for services rendered other patients. Nor can he expect the 50 percent of his patients who are prepaid to carry the cost of training and research programs, capital replacement and expansion, and the full cost of such items as stand-by services. However, if all patients were prepaid or received care under third-party arrangements, some of these indirect patient costs could be absorbed by the prepayment plan and third-party agency.

The greatest barrier to expansion of prepayment plans is the cost to the individual of prepaid hospital care. If the entire cost of indirect patient services were generally included in the cost of hospital care to the prepayment plan, the rate of development of voluntary hospital insurance would be seriously retarded.

NON-WAGE EARNERS EXCLUDED

One of the significant gaps in population coverage by prepayment plans today is that, in general, the non-wage earners are excluded. Also, coverage is lacking for prolonged and chronic illnesses. However, the problem of adequate financing of hospital care for these non-wage groups and for prolonged illness will not be easily met because we have not as yet developed the necessary arrangements.

To succeed, these plans, must, in the next few years, improve their standards of benefits to cover full cost of hospital care and expand their coverage to such groups as the unemployed and the aged. The increased monthly premium cost of such broader levels of protection as well as broader scope of coverage can be minimized in many ways. In financing acute in-patient care for prepaid patients, too much stress cannot be placed on the need to safeguard against unnecessary expenditures.

Increased operating efficiency within the hospital is a

(Continued on next page)

factor in the control of costs to the third-party. Probably of more importance, cost-wise, in meeting today's economic problems would be such measures as the screening of patients to avoid admitting those who could be treated on an out-patient or home care basis. The establishment of procedures to assure early diagnosis and treatment, and prompt discharge when hospitalization is no longer necessary, is equally important. To illustrate, a ten percent reduction in the length of stay or a ten percent reduction in use of hospital services per 1000 prepaid patients if possible and desirable to achieve, could mean almost a ten percent reduction in the cost of care for the prepaid group for whom the third-party agencies guarantee payments. Such savings mean greater economic security for the third-party agency and in turn for the hospital.

A serious economic drag on the hospital and on the community prepayment plan is expense in the care of indigents. Public welfare administrators are finding increased resistance on the part of legislators to appropriate sufficient funds to maintain public assistance budgets at subsistence levels. Even harder is getting enough tax money to meet the rise in hospital costs. The lack of sufficient tax funds to pay for hospitalization of the public assistance groups is accented because public welfare agencies have not only had to more than double their payments to keep pace with the rise in costs, but they also have had to start from a point below cost because hospitals traditionally have given care to the needy groups as an economic loss to the hospital. We cannot expect the public welfare agency to interpret the economic changes in hospital operation to legislators without the help of hospital administrators, their board members, and members of the medical profession.

PROBLEMS ARE MANY

Problems of payment to hospitals by third-party agencies are many and complex. The hospital and the third-party agency must find ways to resolve these problems in the interest of the public as well as in the interest of good hospital care. There is no reason, for example, why the amount of payment from the third-party cannot be adjusted to meet month to month changes in cost and to provide funds for plant expansion and replacement.

If the third-party agency is going to underwrite hospital costs, the hospital must find ways to give the public and the third-party assurance that its costs are being held within reasonable limits. Hospitals must be motivated to expand programs in a manner that is consistent with economy and efficiency.

We are on the threshold of a new era in hospital financing and development of hospital services. Hospitals as we know them today have been under-financed since their inception. The gap between the best that we know how to provide and what is generally available to people everywhere is still larger than necessary. In the next decade, real progress will be made in closing this gap. More people are going to participate through monthly prepayments in financing their hospital care. Also, the public, largely because of the adoption of the prepayment principle, will allocate more of their income dollar for hospital and medical care.

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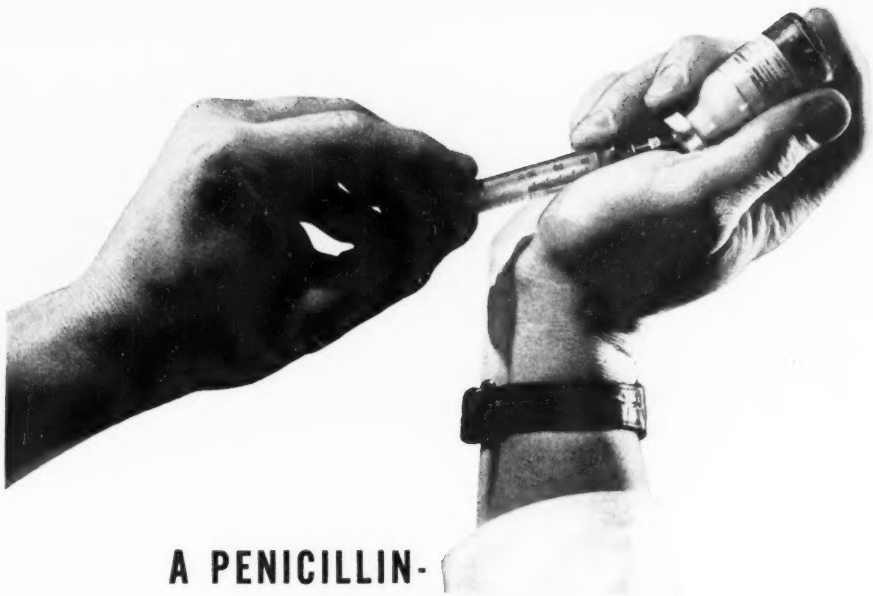

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Review Of Hospital Law Suits

By Leo T. Parker
Attorney at Law
Cincinnati, Ohio

● It is admitted that all hospitals have at their disposal **good** lawyers, but what can a good lawyer do to win a suit if the hospital corporation's officials or employes already have lost the suit? Statistics positively prove that the **only** rule and plan by which lawyers of a hospital may consistently win a law suit is, as follows: The hospital's officials and employes must conduct business in such a manner as to **prepare** to win unavoidable suits. This rule may be carried out only by officials and employes who keep informed of the cause and outcome of new and modern higher court decisions involving other hospitals.

VALID HOSPITAL RULES

Considerable discussion has arisen from time to time over the legal question: Are rules and regulations adopted by a city, county, state or other hospital, valid which require practicing physicians to conform with certain reasonable requirements? The answer is yes, if the rules are non-discriminatory.

For example, in Hamilton County Hospital v. Andrews, 81 N. E. (2d) 699, it was disclosed that officials of the Hamilton County Hospital, in Indiana, adopted rules requiring that practitioners therein be members of the county professional organization of fully licensed physicians or attended by a staff member as overseer, and also that they hold certificate of interneship from an accredited hospital.

A physician named Andrews was denied the right to practice in the hospital because he could not comply with these rules since he did not have a certificate of interneship in an accredited hospital. He filed suit to **compel** the hospital officials to permit him to practice in the hospital on the condition that the above mentioned rules are unreasonable and discriminatory since he is a duly licensed physician and surgeon possessing wide experience as the result of military medical service.

The higher court refused to order the hospital officials to permit Andrews to practice in the hospital saying:

"There was undisputed evidence from a number of physicians, surgeons and hospital authorities that these rules were reasonable and generally regarded as necessary to the proper conduct of hospitals; that such rules would be necessary to the protection of the public against the untrained surgeon who might undertake surgical services beyond his ability to perform."

Also, see the case of Selden v. City of Sterling, 316 Ill.App. 455. Here the Illinois Court upheld the authority of a city hospital to make and enforce similar rules. In the course of its opinion that court said:

"The rules adopted by the board of directors are those of standard hospitals. The rules governing admission to membership on the staff apply to all physicians alike, and tend to maintain a high degree of skill and integrity in the membership. It is obvious that rules must be adopted to protect patients in major operations from unethical or unskilled practitioners, even though they are licensed physicians."

DAMAGES vs. COMPENSATION

All courts agree that an injured hospital employe may recover damages from the hospital **only** when the injury resulted from **negligence** of the hospital's officials. But an employe can receive compensation under the State Workmen's Compensation Act whenever the injury was sustained while the employe was **attending** to his regular work, whether through negligence of the officials or otherwise. Also, the higher courts consistently hold that an employe protected by the State Workmen's Compensation Act **cannot** sue the hospital for damages.

For instance, in Masich v. United Company, 191 Pac. (2d) 612, it was shown that an employe refused to accept the amount of compensation allowed by the State Workmen's Compensation Act and sued the corporation for damages.

The higher court held that the employe must accept compensation award but cannot sue for damages.

CITY LIABLE FOR FIRE LOSS

According to a recent higher court a city or electric company is liable for damage or loss of hospital property caused by defective electric wires, if the testimony shows that the city officials had knowledge of the dangerous condition **and failed** to remedy it.

For example, in Grisson v. McMinnville, 213 S. W. (2) 811, it was shown that an official called city officials over the telephone and informed them that electrical wires leading from a pole to an out building were without insulation. The city officials failed to repair the wires and soon afterward the building caught afire from a spark coming from the wires. The building burned. The higher court held the city liable, saying:

"There was evidence that the defendant (city) had been notified of the dangerous and defective condition existing and had failed to remedy it."

NEED NOT PAY DEBT

Modern higher courts consistently hold that a city need not pay a debt contracted in violation to its Constitution. This is so notwithstanding the fact that city officials **promised** or contracted to pay the debt or that the debt was for money used for benefit of the city.

For example, in General Hospital, Inc. v. City of Grangeville, 201 Pac. (2d) 750, the testimony showed facts, as follows: In 1938, the General Hospital was organized to construct and operate a hospital in a city. 1315 shares of stock at a par value of $32,875.00 were issued and subscribed for; and additional donations of upward of $2,500.00 were received, but were insufficient to construct the hospital required by the city. A bank loaned a large amount of money to the city without approval of the citizens so that the hospital could be constructed. The amount loaned exceeded the amount of the revenue received by the city that year. Hence the **loan** violated the state's Constitution which provides that no city may contract a debt ex-

(Continued on page 25)

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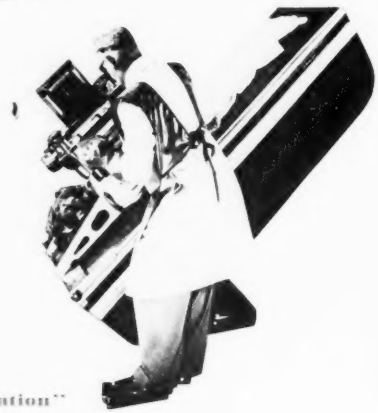

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ceeding its revenue for that year unless the excess is approved by two-thirds of the voters in the city at an election. No election was held but the city officials contracted to repay the bank the amount loaned, plus interest.

In subsequent litigation after completion of the hospital the higher court held that the city need not pay the money loaned by the bank to the city for construction of the hospital. The court said:

"In the case at bar, the debt contracted by the loan of money to respondent (city) for the purpose of constructing a hospital was in excess of the revenues for the year in which the debt was contracted, without the assent of two-thirds of the electors; therefore, prohibited."

PATRON IS ASSAULTED

According to a recent higher court a hospital corporation is not liable in damages for injuries to a patient or visitor caused by the hospital's violation of a state law or city ordinance, unless the injured person positively proves that the injury **directly resulted** from violation of the state law or city ordinance.

For example, in McDonald v. Wills Corporation, 83 N. E. (2d) 616, it was disclosed that a corporation's employe violated both a state law and a city ordinance and a visitor was injured.

This court held that the visitor could **not** recover damages unless he proved that his injuries resulted from violation of the state statute and ordinance.

AUTOMOBILE STOLEN FROM PARKING LOT

Recently a higher court was called on to answer this question: Is a hospital corporation liable for theft of an employe's automobile from a parking lot furnished free to employes? According to a recent higher court the answer is, **no.**

For example, in Clearwater v. Wheeler, 49 S. E. (2d) 184, the testimony showed that a corporation furnished a parking lot free for use of its employes. One day an employe drove his automobile onto the parking lot and removed his switch keys. While the employe was at work his car was stolen.

The lower court held the corporation liable but the higher court reversed the verdict, saying:

"It would have been impossible for the defendant (corporation), under the plan followed in this case, to protect an employe's car. There was no check on any car and no effort made to see that any particular employe got his own car."

INHERITANCE TAX LAW

Considerable discussion has arisen from time to time over the legal question: Assume that a person dies and leaves a will bequesting money to a charitable hospital in another state, can the state in which the benefactor lives collect inheritance tax on the amount donated? According to a recent higher court the answer is, yes.

For illustration, in Clarke v. Union Trust Company of District of Columbia, 63 Atl. (2d) 635, it was shown that the State of Maryland's statutes exempt from inheritance taxation all bequests to corporation organized exclusively for charitable purposes.

A corporation known as the Shriners' Hospital is located in the State of Colorado. It has no capital stock and **no** profits inure to the benefit of any person. The purpose for which this hospital was organized is charities, benevolences and assistance without charge to crippled children.

The hospital corporation carried on **no** substantial part of its activities in Maryland, where the hospital had no office, officers, doctor employes, equipment or physical assets within the state.

A wealthy person died in Maryland and in his will left the hospital corporation a considerable amount of money as a gift.

The higher court held that the hospital corporation **must pay** to the State of Maryland inheritance tax on the amount of this gift. The court said:

"Exemptions to charitable and educational institutions are bottomed on the fact that they render service to the state, and thus relieve the state and its people of a burden which they otherwise would have to assume. In its final analysis, an exemption is equivalent to an appropriation. . . . Of course, the work done by the Shriners' Hospital is very worthwhile and of the highest benevolent character. The allowance however of the exemption asked is not within the power of the judiciary."

CHILD IS DROWNED

Considerable discussion has arisen from time to time over the legal question: When is a hospital corporation liable in damages for injuries to children who come onto the premises?

See Barlow v. Gurney, 29 S. E. (2d) 681. The testimony in this case showed that a corporation maintains on its premises a pool which is in close proximity to dwellings. A child less than four years of age, while **playing around** the pool attempting to catch a tadpole, fell in and was drowned.

The higher court held the corporation liable to the child's parents, and said that any property owner has the right to maintain a pool on his premises, but since this pool was located **so closely** to dwellings **where children played**, it was "negligence" **not** to fence in the pool to protect children of very tender age who were attracted to it.

Thus it is quite apparent that when children of **tender** years are attracted to any dangerous place it is the duty of the officials to provide reasonably adequate protection against injury to the children or order them off the premises. Failure so to do constitutes an act of negligence.

INSURANCE COMPANY NOT LIABLE

According to a recent higher court an insurance company is **not** responsible or liable for its agent's promises or statements which violate clauses in the insurance policy.

For example, in Smith v. Mut. Fire Insurance Company, 33 N. W. (2d) 206, it was shown that an insurance policy contained a clause to the effect that the policy would be void if assigned without consent of the insurance company. Later the insurance company's agent advised the insured to assign the policy. This was done.

The higher court refused to hold the insurance company liable for the subsequent loss saying that an insurance company is **not** liable for acts or promises of its agent which violate the terms of the insurance policy.

This court explained that one who holds an insurance policy must read it and **know** what it contains and **cannot rely upon promises** made by the insurance company's agent.

HOSPITAL LIABLE

Ordinarily a charitable hospital is not liable for injury or death of a patient caused by negligence of hospital employes. Recently the court was asked to decide this question: Is a charitable hospital's liability increased when it carries indemnifying insurance? According to a recent higher court the answer is no.

For illustration, in Christini v. Griffing Hospital, 57 Atl. (2d) 262, it was shown that a premature baby in the Griffing Hospital was fatally burned by the heat of the lamps used by hospital nurses to warm his bassinet.

(continued on next page)

REVIEW OF LAW SUITS continued

The father sued the hospital and charged that the hospital's nurses were negligent, thereby causing the death of his infant son. The jury decided that the baby fell to the bottom of the bassinet and received the burns because a nurse of the hospital negligently dropped him.

The hospital appealed to the higher court and denied liability on the contention that it was a charitable corporation, and not liable for negligence of its employes. The father argued that the hospital was liable and could not plead non-liability as a charitable institution because the hospital had insurance indemnifying it against all liability for negligence of its employes. Nevertheless the higher court refused to hold the hospital liable, and said:

"If the charitable institution is not liable for negligence alleged, it cannot be made liable because it took out insurance which would cover a judgment recovered against it."

PLASTER FALLS

At various times in the past the courts have been asked to decide whether a hospital corporation is liable in damages for injuries to patients caused by falling plaster. According to a recent higher court the corporation is **not** liable for such injury unless the injured patient proves that the employes did something to cause the plaster to fall.

For example, in Rich v. Meadville, 62 Atl. (2d) 1, the court did not hold a corporation liable in damages to one Rich, seriously injured when plaster fell on him, because no proof was given that falling of the plaster resulted from negligence of the corporation's officials or employes.

INDEPENDENT CONTRACTOR

Hospital officials can avoid liability by making a contract with an independent contractor. Also, no social security, workmen's compensation nor unemployment compensation taxes need be paid on an independent contractor who is personally and solely liable for his own negligence.

In Luthringer v. Moore, 181 Pac. (2d) 89, an exterminating company was given a contract to eradicate the pests. Its employes began fumigation in the evening, after the premises had been prepared by sealing cracks, by introducing hydro-cyanic acid gas into the basement.

The following morning an employe in the building became nauseated and lost consciousness, as a result of the gas which had escaped from the basement rooms.

In holding the exterminating company liable in damages the higher court said that an independent contractor is solely liable for negligence of its employes.

LAW OF BAILMENT

A bailee is one who agrees to safeguard property or chattels belonging to other persons. A hospital, for example, is a bailee when it furnishes a check room for clothing of visitors. Also, it is a bailee of valuables left in its care by patients.

Modern higher courts consistently hold that a "bailee" is not responsible for loss, theft or damage to property left in its care unless negligence of its employes caused the loss.

In Reimers v. Petersen, 22 N.W. (2d) 817, it was shown that a hospital official parked his automobile in a garage which burned and destroyed the car. The official sued the garage for the value of the car. The official failed to prove the fire started **as a result of negligence** of the garage owner. Therefore, the higher court **refused** to hold the garage owner liable for the loss, and said:

"It becomes incumbent on the bailor (official) to prove that the bailee's want of care co-operated with the destroying cause."

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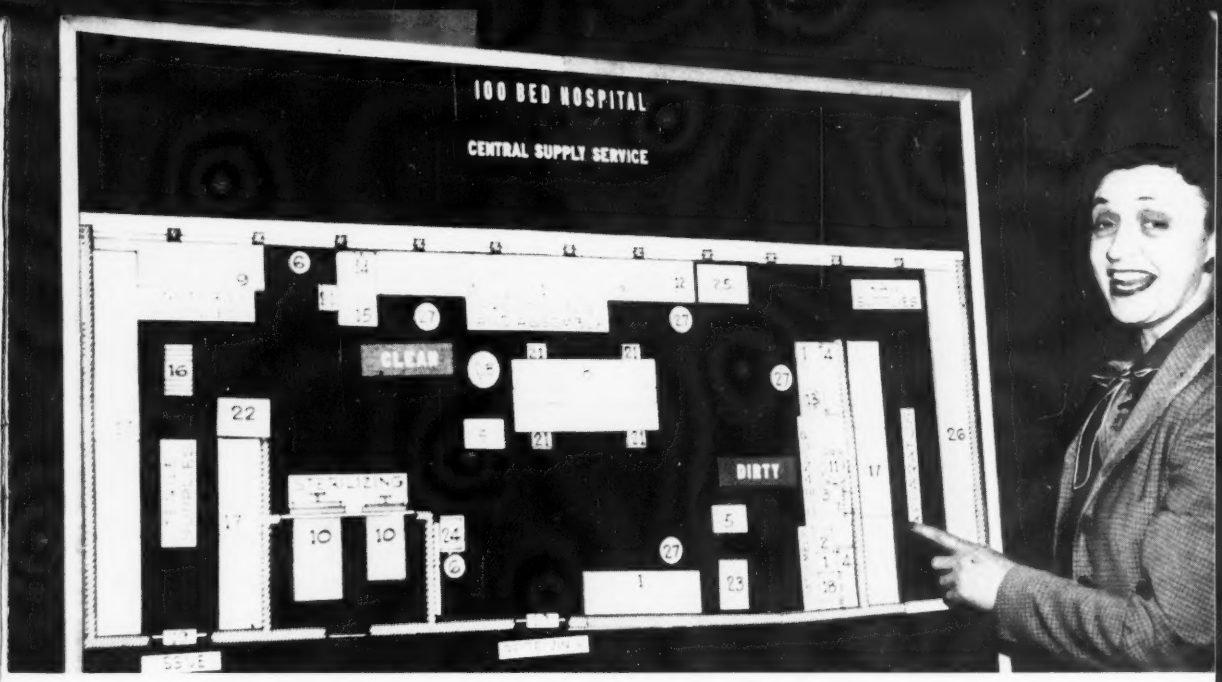


Above: Author Schafer points out a floor plan for a central supply service in a 100 bed hospital.

Central Supply = Economy and Efficiency*

The advantages of centralization are *efficiency, economy, and education.*

Centraiization promotes *efficiency* through good supervision of cleaning, maintenance and sterilization of material! More exacting technics are possible when functions are performed by a few trained persons whose primary function is supplies and equipment. It is also easier to maintain standardization, uniformity, and coordination of material and procedures throughout the hospital.

Better patient care results because professional personnel are assured complete supplies and equipment without having to devote time to the preparation, and patients are not annoyed or do not suffer from incomplete, poor functioning, or improperly cleaned or sterilized materials.

A central system is economical because better maintenance and supervision of material processing lessens breakage and deterioration. Duplication of equipment infrequently used is avoided. Personnel savings are realized through better utilization of professional personnel for patient care activities. However, the actual personnel savings in a central system is accomplished by using nonprofessional personnel under supervision with assembly-line methods and mechanical equipment.

A central supply service also provides a unit where a good educational program in aseptic technic, organization and administration can be taught.

Some of the disadvantages or difficulties encountered in a Central Supply Service are that a carefully planned, integrated, administered system of procurement, processing, distribution, and accounting of material throughout the hospital is required. The supervisor must be familiar with the principles of aseptic technic, and able to organize and supervise procedures along "assembly-line" methods. Such a person is not always available.

There is also danger in spreading infection if organisms on septic materials are not destroyed at their source and kept out of clean areas.

A larger number of frequently used articles such as syringes, needles and instruments must be maintained in circulation, but the overall total expense is less. Transportation of supplies and equipment is time consuming, and may be inconvenient and impractical. Since the concept of "Central Supply" is still new, we still do not know at what point centralization reaches the point of diminishing returns.

In order that we may cover as much material on this subject in a very short time, we will consider some of the factors concerning a central supply, which must be considered when planning or programming the service. If you are now operating a central supply, this may be a review of your particular service.

Planning a Central Supply Service is complex because hospitals vary in services, materials used, and the degree of centralization desired or advisable.

When planning a new service it is always advisable to write the objectives of the department so all persons involved now or in the future will understand what is proposed or was intended.

1. What department will be responsible for the unit? Very early in the planning stage it is advisable to determine where within the hospital organizational pat-

By Margaret K. Schafer, Nurse Consultant, Division of Medical and Hospital Resources, Bureau of Medical Services, Public Health Service, Federal Security Agency.

tern the Central Supply Unit will fit. Because most of the materials supplied by the unit are used by or through the nursing department, that group usually is called upon to operate the unit. However, in some instances the pharmacist is given the responsibility for this unit. A procedure committee to determine needs and standards is also required. The three important points to consider are: (1) Services, (2) departments, and (3) materials.

2. What services are to be provided?
   a. Sterile supplies and equipment
      Hospitals vary, but most Central Supply Services include sterile supplies and equipment for treatments, surgical operations and deliveries. Routine patient care equipment is usually decentralized, but could be centralized effectively, especially in a small hospital. It is usually considered safer to decentralize the sterilization and disinfecting equipment and materials from septic or infectious patients. A system of centralization is possible, but has not been used sufficiently to recommend it at this time.
   b. Unsterile supplies and equipment, including individual items and assembled sets, can be effectively included in the Central Unit.
   c. Apparatus
      The maintenance and storage of apparatus such as oxygen tents and inhalators in the Central Supply, especially in small hospitals, is recommended. Larger hospitals may find it more practical to have apparatus storage under other departments such as anesthesia, or maintenance.

3. What departments are to be served and extent of service to each.
   a. Linen
      Although many hospitals have not included the preparation of linen packs for the operating room and delivery suites under Central Supply, it is now considered advisable to do so. Some sterile linen is also required for the in-patient and out-patient units. Linen inspection and folding is space and time consuming and influences area, equipment and personnel requirements.
   b. Dressings
      Surgical dressings and other gauze and cotton supplies for all units can best be handled through Central Supply.
   c. Gloves
      It is advisable to centralize all rubber glove processing and sterilizing. The laundry may wash and dry the gloves.
   d. Instruments
      It is usually not considered advisable to include operating room and delivery room instruments in the Central Supply because of numbers required, control, and the necessity for emergency sterilization. Instruments for treatment sets on patient units can be effectively centralized.
   e. Syringes and needles for all units can best be handled through a centralized system. Recent studies on the causes of infectious hepatitis have emphasized the importance of efficient sterilization of syringes and needles.
   f. Centralizing the processing of treatment trays and sets for all in-patient and out-patient units usually provides improved service.
   g. Unsterile supplies and equipment for the in-patient and out-patient unit to be considered include such items as non-sterile treatment trays, bandages, pads, hot water bottles, ice bags, heating pads, communion sets, and morgue sets.
   h. Operating Room and Delivery Room Suite apparatus are usually not kept in a Central Supply Unit. The apparatus usually stored in Central Supply includes such items as inhalators, suction machines, oxygen tents, and drainage equipment.
   i. Under other services we could include some drug or solutions service, but it is generally accepted that these should be included under the pharmacy.

5. What items will be purchased ready made?
   a. It is usually considered more economical for hospitals to purchase surgical dressings ready made.
   b. Parenteral solutions
      Manufacturing parenteral solutions in a hospital reflects a substantial monetary saving but for safety reasons should only be done under the supervision of a qualified pharmacist.
   c. Sterile disposable parenteral sets are now used by many hospitals and assures safety and personnel savings.
   d. Others

6. What preparation will materials receive in other departments?
   a. Some hospital laundries prepare linen packs for surgery and obstetrics and send them to Central Supply ready for sterilization.
   b. Some hospital laundries efficiently wash and dry rubber gloves, but doing them in the Central Supply Unit eliminates the necessity of transporting the gloves from one department to another and centralizes the entire procedure in one area.

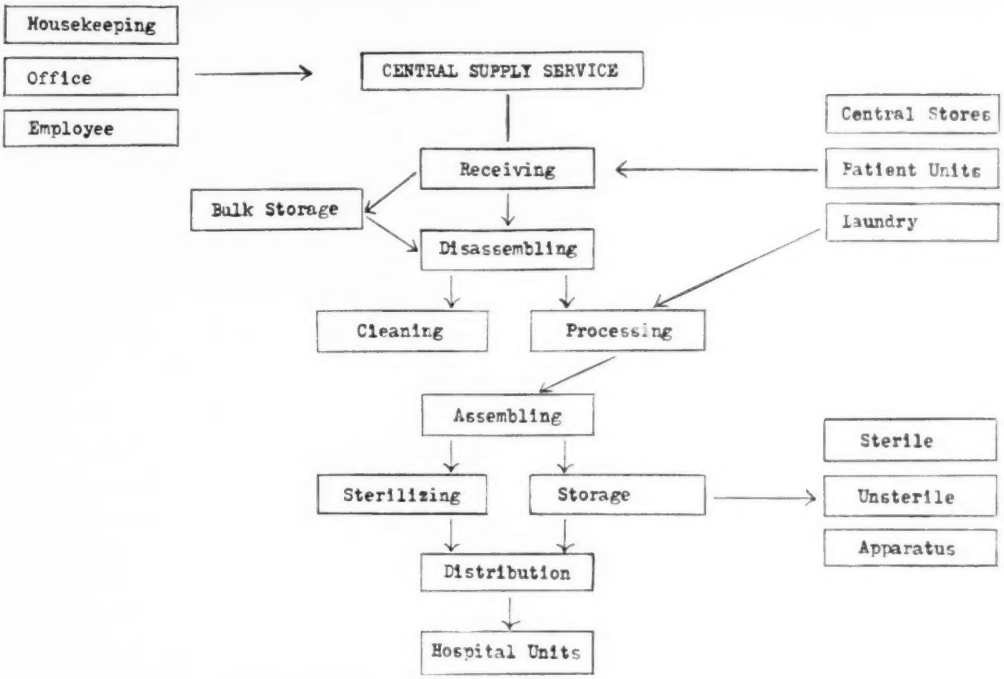
7. How frequently raw supplies are received from central stores will determine the storage space required. Usually materials are issued to Central Supply about once a week in quantities required for the week or in carton lots as supplied by the manufacturer. The Central Supply Unit should not be used for a Central Store Room.

8. What method of distribution will be used, i.e., dumbwaiter, truck or messenger? Since any centralized service is only as effective as its distribution system, careful study and attention should be given to this aspect of operation. To provide good patient care, supplies and equipment must be available whenever and wherever needed with a minimum of delay. When a minimum stock of frequently used items are delivered to the various hospital units where they are used, the inefficient and costly practice of unit personnel making frequent trips to Central Supply and the numerous interruptions for the Central Supply workers to issue materials is eliminated or at least minimized. A dumbwaiter, properly located, is also helpful.

9. Where will supplies and equipment prepared in Central Supply be stored? Except in a very small hospital where the distance to Central Supply is minimal, it is usually better to stock a minimum quantity of items routinely used on the particular units and keep only a reserve of these items, (usually 24 hour stock) and materials infrequently used in Central Supply storage.

10. What sterilizing equipment is available in other areas of the hospital? The number, kind and location of sterilizers throughout the hospital may influence the Central Supply Unit functions.

11. Where will the Unit be located?
    In an existing hospital available space usually dictates the location. In a new hospital ease of distribution to various hospital units is a very important factor. In a



Above: Diagram shows routing of supplies to and from the central supply.

very small hospital an area adjoining the operating room suite is often selected.

12. The number of staff required to operate the unit would be determined by the services included, organization and training of personnel, and the utilization of mechanical equipment. It has been estimated that a 100 bed hospital, furnishing sterile material for treatments, surgical operations and deliveries, and some unsterile supplies, equipment, and apparatus will require approximately four workers provided mechanical equipment is used and work simplification practiced.
13. Are personnel facilities such as lockers and toilets nearby? Since all workers should change to clean uniforms to work in Central Supply, locker facilities should be available.
14. Are housekeeping facilities such as a janitor's closet nearby? Housekeeping facilities may be included outside the Central Supply Unit, but provision for a mop and some cleaning supplies within the unit is desirable.
15. What record, stock content and record system is planned? Some hospitals make a direct charge to patients for equipment obtained from Central Supply, others prepare charges from the patient's records on the basis of services given or have inclusive rates for care. Many hospitals have printed or mimeographed requisition forms which promote uniformity and simplify "paper work". An exchange system is also sometimes used: A procedure book and card file or Kardex for various procedures is also helpful. Requisitions may be received by messenger or a pneumatic tube system.
16. Teaching programs will require provision for instructional staff and training programs.
17. What work stations should be planned?
    The work stations should provide a continuous work flow of all materials and equipment through the Central Supply Unit from dirty to clean to sterile, without back tracking for maximum efficiency and to avoid contaminating sterile supplies which could be disastrous.

Flow of Work

Materials are *received* into the Central Supply Unit by dumbwaiter, truck or messenger from

Central Stores
Hospital Units and
Laundry.

Materials from Central Stores are put in *Bulk Storage* area and removed as required. Used materials go to *disassembly* where they are taken apart and sorted for cleaning.

The first step in processing all used materials and some new materials brought into the unit is a thorough *cleaning.*

Clean materials, including linen from the laundry, go to the *processing* and *assembly* area where they are inspected, put in proper condition, assembled, and packaged for *sterilization* or *stored* clean ready for use. Sterilized goods are either distributed directly to the departments where they are used or *stored* in the storage area in Central Supply. Four storage areas are required, *sterile, unsterile, apparatus* and *bulk* (raw *storage*). Bulk or unsterile storage can be safely included in the processing area but it is advisable to provide a separate sterile storage area.

Materials are *distributed* by dumbwaiters, carts, trucks, or messenger to *hospital units.*

In order to operate the department *office space, employee* and *housekeeping* facilities must also be provided.

(continued on next page)

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18. What equipment will be necessary to furnish the unit? How can equipment be arranged to expedite the work flow from dirty to clean to sterile without back tracking? Let us see how one hospital plan applied this principle. We have on the board (see page 27) the "walls from a floor plan for a Central Supply Unit for a 100 bed hospital". Each window represents four feet.

There was no dumbwaiter on the plan so we would assume that material would be received and distributed by cart, truck, or messenger.

A separate area is provided for raw "*bulk storage* and *apparatus*."

Used materials are received through this door, a dutch door is provided to exclude all except persons working in the area. A counter is provided for putting soiled materials.

For disassembly and cleaning, a *counter, three compartment sink* with *rubber tubing manifold*, and *distilled water* above for rinsing some articles is provided. Under the counter is a small household type *portable wash machine* to wash rubber gloves. In this machine 75 gloves are washed on both sides without turning in 12 minutes.

A *waste can* is also under the counter.

A *portable needle cleaner* which washes 100 needles in 12 minutes in contrast to 45 minutes by hand, is on the cleaning counter.

A *syringe washer* for washing glass syringes, test tubes, and other small glass articles, washes 200 syringes in 20 minutes. By hand, the process would require 16 hours (2 workers full time).

A *metal cart* with shelf is required for transport in the receiving and cleaning area.

For processing and assembly of materials we need a *work table* with storage compartments above and pull out bins, *counter space*, and *rubber glove drying, testing* and *powdering equipment*. A glove conditioner will dry 100 gloves in about 30 minutes with 5 minute personnel time, compared to two hours personnel time by hand. If this apparatus is not provided, racks for drying gloves are essential.

A 100 bed hospital at optimum occupancy uses daily approximately 75 pair rubber gloves, 200 syringes and 250 needles. The introduction of four labor saving devices will replace at least 1½ workers. Salaries saved will pay for the equipment in 8 months, and the workers freed could be utilized to increase the staff for patient care.

A *cart with shelf* is also required in this area.

The sterilizers include two *pressure sterilizers*, one for bulk sterilization and another for smaller items and rubber goods, and a *hot air sterilizer* for oils, petrolatum dressings, syringes and needles. *Sterile storage* area adjoins the sterilizing area, and *unsterile storage space* is also provided in a separate space.

A dutch door is also provided on the distribution door.

A *desk with chair, waste basket* and *telephone* is required for the supervisor to prepare requisitions and reports.

A *step ladder* is included for workers (who are usually women) to gain access to upper shelves.

Stools are provided because some tasks can be best performed with workers sitting.

A *lavatory* with a goose neck spout and necessary controls is required for "handwashing."

A *laundry hamper* is also provided.

We assume locker and toilet facilities are provided nearby.

There is no provision for solution manufacture since all solution preparation was included in the pharmacy plan. In a small hospital where no pharmacist is on the staff, parenteral solutions and sets are usually purchased. They may be stored and distributed from Central Supply. If solutions are prepared in the Central Unit a separate area should be provided.

If emergency drug supplies are kept in Central Supply a locked cupboard and refrigerator may be required.

Electrical outlets are provided and an electric plate may be required.

We have arranged the equipment to provide work flow from *dirty* to *clean* to *sterile* to produce maximum efficiency.

Let us see how we have provided for the materials that would be processed in the unit. Linen, Gauze, Cotton, Rubber gloves, Utensils, Syringes, Needles, Instruments, Glassware, Rubber tubing and Solutions: (1) Parenteral, (2) Irrigation, (3) Surgical fluids, and (4) Other. Miscellaneous non-sterile equipment: (1) Hot water bottles, (2) Ice caps, (3) Paper tissue, (4) Medicine, and (5) Other. Apparatus

19. What inventory of supplies and equipment will be required to furnish the hospital with patient care supplies and equipment?

The usage of all patient care supplies and equipment should be studied. An existing hospital would analyze its needs and practices. The maximum number in use at one time of any piece of equipment such as oxygen tents, and at least a 24 hour supply of frequently used items such as syringes and surgical dressings is required. A 48 hour supply is recommended —one lot in use while the other is being processed and distributed.

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The Inner Voice

A Pediatrician's Pique

Editor's note: A pediatrician sent the following rather critical analysis of consultants and others responsible for what he considers an unhealthy situation in a new acute general hospital:

● "Be all things to all people." It appears to me that this is the objective of most hospital experts. With little or no background in highly skilled fields, the hospital consultant goes about his glib way passing out panaceas and applying broad general rules of other fields to an inapplicable situation.

The hospital in which I practice recently built an entirely new structure. I was seldom consulted about the department over which I was to have more or less responsibility—"pediatrics." What advice and suggestions I made were more or less ignored. For example, no autoclave was provided in the infant formula room. Against my better judgment, the formula room was placed under the direction of the dietician adjacent to the diet kitchen.

When I saw the plans (which was quite by chance) I demurred. The suave Messiah looked upon himself as a great hospital expert patiently explained to me, as though I were a recalcitrant school boy: "But Doc, infant feeding is a nutritional problem. All such problems are within the scope of responsibility of the dietician. The sterilizing of the formula will be in Central Supply. This too will be done by the unit best equipped from training and experience." The architect quickly nodded agreement. So centralization for the sake of centralization was accomplished.

A few weeks ago the architect returned from a "seminar" sponsored by the American Hospital Association. This, as far as I could ascertain, was a session at which the "experts" communed with each other interchanging new mysticisms of management. In great triumph he looked me up. A certain great doctor had agreed with his plan. Yes, the anointed had been anointed. Of course, the "great doctor" was a surgeon. He had done a great deal of very creditable work in developing sterile technics in surgery. But he was not equipped to pass judgment on formula preparation technics.

Now that the hospital is completed and we have tried out this dual centralization of formula preparation and autoclaving, we are dissatisfied. This system does not permit rapid change in formula. The communications from pediatrician—to nursery—to dietician—to central supply is too slow. The dietician is always busy with the preparation of meals. The Central Supply always has a "schedule" which seems to make a special run of infant formula impossible. To these two units formula preparation is just added drudgery.

Recently, I suspected something wrong in the formula of one of our infants. I tried to investigate. There was no fixed responsibility. There was no one person from whom I could get a complete answer. I spent a large part of a morning chasing around the hospital. Finally, I gave up in despair.

We have noticed another thing. With formula preparation removed from the nursery the supervisor and her staff seem to have a feeling of less responsibility to the other functions of bottle rinsing, the posting of formulas (advising the dietician of the prescription) and actual feeding. Recently there was a bad outbreak of infant diarrhea in a Chicago hospital. It was traced to the detergent that was used to wash the bottles—the same detergent that was used in the dish washing machine. An important function—that of bottle washing—removed from expert supervision and continuity had been ignored.

In the old hospital we had a view window from the corridor to the formula preparation room. I would often take the mother to this window while formula was being prepared and relate each part of the preparation to what she would have to do at home. This obviously cannot now be done.

Finally, in public health there is a prime axiom. "The probabilities of contamination are in direct ratio to the number of persons handling the sterile item and the distance which it must go." In our new procedure this is being ignored.—Mr. Expert, you can't split functions and still have fixed responsibility.

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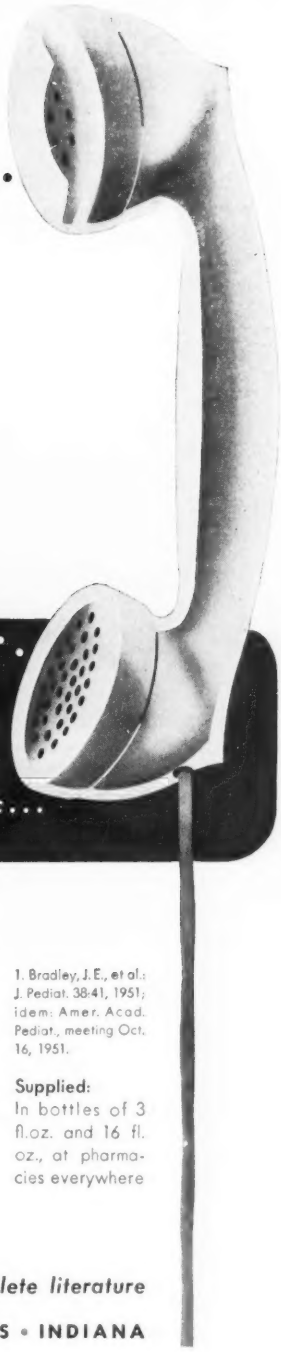

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1. Bradley, J. E., et al.: J. Pediat. 38:41, 1951; idem: Amer. Acad. Pediat., meeting Oct. 16, 1951.

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THE Maintenance AND Operations CORNER

By Frank J. Sullivan

Mechanical Engineer, New York City

Boiling-Type Sterilizers and Excess Vapor Regulators

Although there is a definite trend toward the use of pressure-type sterilizers, the boiling-type is still in widespread use in our hospitals.

Several years ago, in an effort to improve the operation of these boiling-type units, the industry introduced the excess vapor regulator. This gadget, consisting essentially of an automatic valve controlled by an immersion-type thermostat, was designed to perform the following functions: (1) Control the temperature of the water in the sterilizer at the boiling point without permitting excessive vapors to be released that would mar room wall and ceiling finishes; (2) reduce steam consumption to a minimum; (3) minimize the amount of water that must be added to the sterilizer to replace the quantity evaporated; (4) eliminate the need for separate vapor vent piping. The regulator is so adjusted that the steam flow to the sterilizer is cut off when the water in the unit reaches the boiling point. As the water temperature drops, steam is again admitted and the cycle is repeated.

REGULATOR OPERATION IS SIMPLE

Operation of a correctly adjusted regulator is simple and positive and proper results are assured. However, misuse or improper maintenance can cause trouble. Two common faults have been observed: (1) The thermostat or capillary tubing connecting the thermostatic bulb and the valve has been breached and the volatile fluid released; (2) the bulb or tubing has been dented or restricted, but not breached. In the first case, the results are obvious. The sterilizer operates just as though it were not equipped with a regulator and excessive vapors are evident. In the second case, unlike the first, there is a hazard present which is quite insidious. Here the volume of space within the regulator, in which the volatile fluid expands and contracts to effect control, is made smaller. As the temperature in the sterilizer approaches the boiling point the steam supply valve is closed prematurely and the water temperature never reaches the boiling point. To the casual observer the regulator is working perfectly, since objectionable vapors are not evident. However, since the temperature does not reach the boiling point the sterilizer is not wprking perfectly and something should be done about it.

To insure correct sterilizing procedure all boiling-type sterilizers should be equipped with a calibrated thermometer—especially when they are equipped with excess vapor regulators.

Sterilizer Piping

Numerous instances have been brought to my attention where sterilizer piping arrangements were somewhat less than desirable. The chief offender in these instances has been the waste piping from stills and boiling-type sterilizers where this piping was solidly connected to the building waste piping. This is difficult to understand in newer installations, since all manufacturers supply funnel-type drains as part of their waste-piping assemblies.

Another instance, possibly less serious but nontheless undesirable, is where the condensate drain from the chamber (not the jacket) of an autoclave is piped directly to a pressure return. In case of a stoppage in the return line, it is possible for condensate to back-up through the thermostatic trap into a supposedly sterile load in the autoclave. For this reason, the condensate from the autoclave chamber should be piped to waste through a funnel-type drain.

VAPOR VENT LINE PIPING

Another poor piping arrangement involves the vapor vent line—particularly in the large boiling-type utensil sterilizers. While modern practice dictates the use of excess vapor regulators or water condensers on boiling sterilizers (which eliminate the need for vapor vent piping), some vented installations are still being made. Figure 1 indicates the type of installation which is seriously objectionable. In this instance, the vapors exhausted from the bed-pan cleanser on the floor above condense in the vent line and drain by gravity into the sterilizer below. Figure 2 indicates the correct piping arrangement. Again it should be pointed out that all of the sterilizer manufacturers furnish the required fittings to accomplish the proper piping arrangement. It is in the field installation, with poor supervision, that these errors are made.

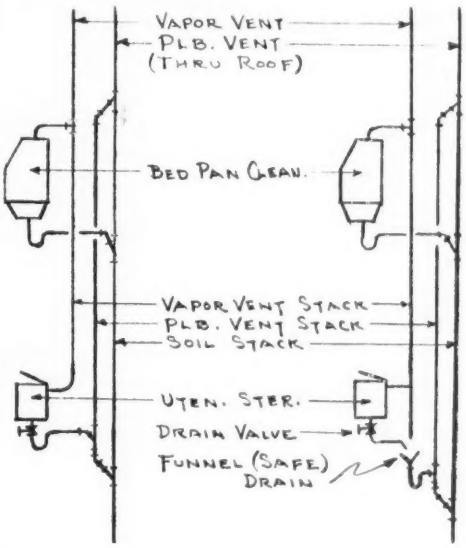

Fig. 1

Fig. 2

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The Armstrong X-P EXPLOSION-PROOF Baby Incubator, Model 22, is silver-gray with a bright red panel and a red line across the top. The Armstrong X-P EXPLOSION-PROOF Baby Incubator is designed for use in the delivery room and surgery and is approved by Underwriters' Laboratories, Inc. for hazardous areas.

X-P (Explosion-proof) for delivery room or surgery

X-4 safe with oxygen for the nursery

Both of these Armstrong Baby Incubators are designed to supply constant, automatically-controlled safe heat and high humidity for premature and term babies; for the administration of oxygen, either with or without humidity and either with or without heat. Both Incubators are simple. Both are safe. Both are low in cost.

But they are *Not Twins*

Each has its specific use—

The X-4 for the nursery—safe with oxygen.

The X-P (EXPLOSION-PROOF) for the delivery room and surgery—safe with oxygen and safe where there are hazardous anesthetic gases.

Write us for details and price on either or both incubators
These two incubators are only sold direct from Cleveland

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"Back of every Armstrong X-4 Baby Incubator is over 16,000 incubators' worth of experience."

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The Bed Crib

Beatrice L. Herrick, R N
Head Nurse, Orthopedic Floor
Children's Hospital of Pittsburgh

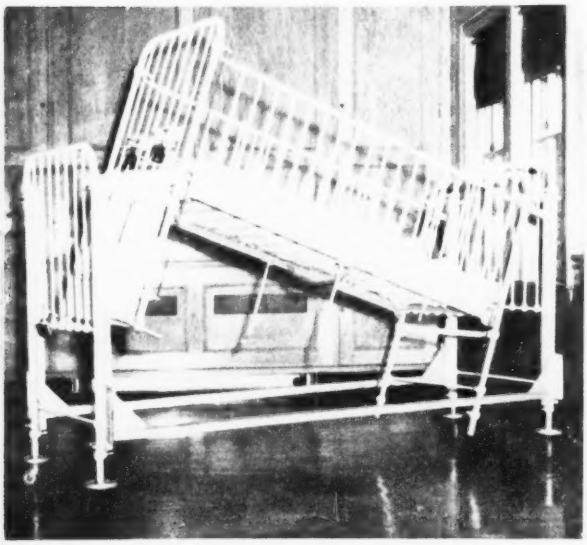
● With the increasing trend toward extreme countertraction in the treatment of dislocated hips, our old method of elevating the foot of the bed on wooden carpenter's horses soon became unsatisfactory. While the elevation could be obtained by the use of several of these horses there were objectionable features. The apparatus had a clumsy appearance and parents were apprehensive for the safety of their children. Nursing care was difficult because the bed could not be moved. Also since the bed was in a fixed position the child could not be moved to the treatment room nor could he enjoy the benefit of attending school or the planned recreational activities such as movies and frequent parties.

With the help of the hospital carpenter we have developed a piece of equipment which solves our problem. We call it a crib carrier. The carrier is a frame about 10 inches longer and 6 inches wider than the crib. To make this frame the carpenter used the head and foot pieces of a crib, joining them with a horizontal iron bar placed about 8 inches from the floor. An iron plate about 2 inches wide and 30 inches long with holes spaced at intervals of 2 inches is fastened to either side of the head and foot pieces of the carrier. Right angle rods fastened to these plates by means of pins through the spaced openings and inserted into the posts of the head and foot pieces of the crib, support the child's crib and it may now be raised at either head or foot to any desired level.

The carrier is long enough to allow us to raise the foot to any angle; the side rails of the carrier are wide enough to allow the crib sides to be lowered and the whole piece of equipment may be moved to facilitate nursing care or to transfer the child to another department for treatment or recreation.

The child's safety is assured, the apprehension of the parents is relieved and the appearance of the room or ward is improved.

Below: Bed crib devised at Children's Hospital



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Petrolatum Gauze Dressing
Sterile
No. 1: 3" x 36" ..... (6 in carton)
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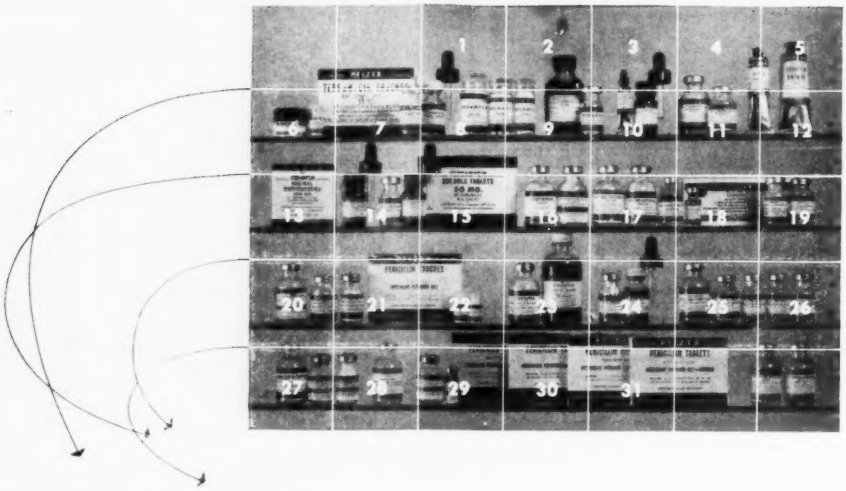

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THE LAB

A regular feature for Medical Technologists

Seated at the Luncheon table during the Bacteriology Seminar are from left to right: Marie Hillman, vice-president, Indiana Society; Rev. Vincent Osbourne, Chaplain, St. Joseph Infirmary, Louisville; Emma Moss, Director of Pathology, Charity Hospital, New Orleans; Mary Benedict Clark, Chairman, Education Committee, KSSMT; Dr. R. H. Weaver; University of Kentucky, Lexington. Standing left to right are: Mary P. Gauvey, Ohio Society; Sarah Hannah, President, Ohio Society; Sister Mary Simenonette, President of KSSMT; and Norma Jean Cambron, President, Louisville Society.

KENTUCKY—Society of the Month

● The Kentucky State Society of Medical Technologists was the second state society to become a chartered affiliate member of the American Society of Medical Technologists. Due to conditions arising from war, the KSSMT was obliged to become inactive during the years of World War II. The Society was reorganized in 1949 by Mary Benedict Clark, who became President that year, with the help of the encouragement of Miss Rachel Lehman, President of ASMT.

Early in 1951, the KSSMT offered its facilities to the deputy director of civil defense, Dr. Paul Crawford. Questionnaires were sent to all registered medical technologists in Kentucky by the Chairman of the Civil Defense Committee, Sister Mary Antonia, to ask for pertinent data to be forwarded to Dr. Crawford.

A new district society of the KSSMT was established in Owensboro under the leadership of William Hite. Oscar Alton, Chairman of the Constitution Committee, assisted the Owensboro medical technologists to draft their Constitution.

The Public Relations Committee of the KSSMT was successful in obtaining permission from the President of the Kentucky Medical Association and from the Editor of the Medical Journal, to have an article in the medical journal on the profession of medical technology, written by the ASCP Counselor, Dr. Malcolm Barnes.

The Kentucky State Society of Medical Technologists has been officially endorsed as the professional society for registered medical technologists in Kentucky by the Kentucky Medical Association and the Kentucky Hospital Association.

The Public Relations Committee Chairman, Bobbye Leonhardt, has received cooperation from the Louisville radio stations, to give free time as a public service to the sick people of Kentucky, to inform the public about the shortage of medical technologists and the requirements for becoming a medical technologist.

In October, during the centennial meeting of the medical association, the Education Committee of the KSSMT joined forces with the medical technologists of Indiana and Ohio to conduct a Bacteriology Seminar. The speakers were Dr. Emma Moss of Charity Hospital, New Orleans and Dr. R. H. Weaver of the University of Kentucky. The KSSMT had a scientific exhibit at the medical association meeting on the Role of the Clinical Laboratory in Diagnosis and Therapy.

Three members of the KSSMT gave papers at the fall meeting of the Kentucky Academy of Science, an affiliate of the AAAS. At the meeting, Mary Benedict Clarke was appointed secretary of the Bacteriology-Medical Technology Section for 1951-1952. Sister Mary Simeonette was appointed Associate Editor of the Transactions of the Kentucky Academy of Science for the same period.

Thelma MacIntyre, Chairman of the Vocational Guidance Committee, wrote to the Vocational Guidance Department of the State Educational Association and requested that information on the profession of medical technology be included in Career Day talks for the high school students of Kentucky. Copies of the ASMT brochure, "If You Were a Medical Technologist", were sent to all high school principals. This Committee sponsored the celebration of Laboratory Open House Day throughout the State.

The Chairman of the Membership Committee, Margie Haydon, has been successful in increasing the membership of the KSSMT by approximately forty new members.

The Annual Meeting of the Kentucky State Society of Medical Technology will be held in Owensboro, Kentucky, April 26, 1952.

Reference Laboratory Services Available Through State Health Departments

The Laboratory Section of the Communicable Disease Center, USPHS, Chamblee, Ga., has informed directors of all state health department laboratories that hereafter the Communicable Disease Center Laboratories will accept for examination only those specimens which are referred to them by laboratories of state health departments. The purpose of the Communicable Disease Center Laboratories is to provide facilities for special or unusual procedures which are beyond the scope of activity of the state health department laboratory, and for research leading to new or improved procedures. In the past, they have received direct from physicians and private laboratories all over the United States a growing number of requests for laboratory services which are readily available in the labora-

LAB continued

tories of the various state health departments. Thus, their time and facilities which are intended for diagnostic aid in the more exotic procedures have been considerably dissipated.

In the case of laboratory examinations for malaria, the National Malaria Society this year requested that any laboratory examining suspected specimens for malarial parasites forward such specimens, **properly identified and regardless of results**, to its state health department laboratory for parallel examination. The state laboratory then reports its results to the sender and forwards the specimen to the National Depository for Malaria Slides in Georgia, where the specimens are again searched, by experts on malaria. A "thick blood film" as well as a "thin film" should always be prepared and forwarded from each suspected case, since the thick film often detects cases which may be missed entirely even with repeated examinations by the thin film technic. The National Malaria Society hopes that this will still further reduce the relatively small residual of malaria which is still endemic in the continental United States, and will prevent the possible spread of malaria which could readily occur as civilians and members of the armed forces return from Korea and other malaria areas.

Attend the Medical Technologists' Section, Tri-State Meeting, Palmer House Chicago, April 30.

Clay-Adams News

Adams Thermometer Shakers Simplify Nurses' Routine

Features:

- **5 second operation—reduced breakage**
- **"Hard shakers" no problem**
- **Eliminates manual shaking**
- **Holder takes 12 thermometers—convenient for transportation and handling**

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With an Adams Thermometer Shaker, manual handling is minimized. Convenient, lightweight holders carry up to 12 thermometers and can be used to carry them from "prep" room to bedside and back for cleaning. The holder slips over the head of an Adams Thermometer Shaker; the switch is turned on; and, in five seconds, all thermometers are efficiently and safely shaken down. A single shaker can service several dozen thermometers in only a fraction of the time required by hand shaking. Breakage is markedly reduced.

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TECH-NOTES

● Dr. Opal Hepler, Director of the Northwestern Training School for Medical Technologists is now president, Illinois Society of Clinical Pathologists.

● The Massachusetts Society will hold its third annual meeting May 3, Hotel Somerset, Boston.

● Colorado's State Convention will be held April 26 and 27 at the Antlers Hotel, Colorado Springs.

● A group of eight technologists from the laboratory of Vincent Memorial Hospital, Boston, have published "The Cytological Diagnosis of Cancer."

● The deadline for award papers for ASMT has been extended to April 15 to enable more M.T.s to compete for the five national awards. Papers should be sent to Program Chairman Mary Nix, 4931 N.E. Glisan St., Portland, Oregon.

● The sixth annual dinner meeting of the Denver Society was held Feb. 7. Ninety-six members and guests were present. Dr. Robert S. Liggett was guest speaker and gave an interesting illustrated talk on his recent trip to Europe. Dr. Liggett was one of a group of doctors sent to Europe by the U.S. Public Health Dept. at the request of the Immigration Service to examine displaced persons for tuberculosis before they were considered for admittance to the United States.

● The March, 1952 issue of Mademoiselle has a feature story on medical technologists. Entitled, "Working for the Doctor," the article is brief, to the point and should do a fine job in recruitment. The article was ghost written by Ellen Skirmont, Public Relations Committee, ASMT.

● The Connecticut Society has been sponsoring courses in Mycology taught by Leanor Haley, M.T., Director of Mycology Division, Department of Microbiology at Yale. Courses are 2½ hours every Thursday for six weeks. The first course begun January 10 was so successful that a second class was started March 20.

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ABBO-VAC — A-C-D Solution, U.S.P. (N.I.H. Formula B), in Universal bottles, 500- and 250-cc. sizes. Blood is drawn directly into container by vacuum. Available with sterile, disposable Blood Donor Set. Abbo-vac container also available with Sodium Citrate 4%, Solution in 500-cc. size.

For Gravity Collection:

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Abbott A-C-D Blood Container—A-C-D Solution, U.S.P. (N.I.H. Formula B), in the familiar conical-shaped Abbott intravenous bottles, 500- and 250-cc. sizes. Blood is drawn (closed technique) directly into container by gravity. Also available with Donopak 24 and 48, with or without disposable needles. Designed for exclusive use with Abbott i.v. equipment.

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Evacuated Empty Plasma Containers—Sterile evacuated 500- and 250-cc. Universal bottles for storing, transporting and administering plasma or serum.

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Blood Recipient Set—Sterile, disposable, ready-to-use plug-in set for administering blood from any Universal bottle or Abbott conical-shaped bottle. Has *flexible* plastic filter chamber.

VENOPAK*—Abbott's sterile, disposable venoclysis unit for the administration of all intravenous solutions. Converts readily to a blood recipient set with a special, disposable blood filter. For use exclusively with Abbott conical-shaped bottles.

(Series Hookup)

Secondary Recipient Set—A unique, disposable unit with a built-in, flexible drip chamber and filter. Designed to plug into any Universal blood bottle and to connect with Abbott's VENOPAK dispensing cap. Allows changeover from saline to blood in a matter of moments, without removing needle from vein.

Secondary VENOPAK—Designed for the continuous administration of fluids in the series hookup with VENOPAK. Plastic, disposable, with a screw-on dispensing cap.

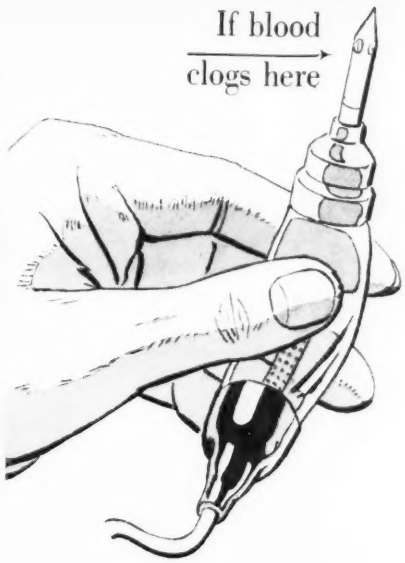
ADMINISTERING FLUIDS SUBCUTANEOUSLY

SUB-Q-PAK* — A completely disposable, preassembled hypodermoclysis unit with plastic Y tube for administration of fluids subcutaneously.

ADMINISTERING PENTOTHAL* SODIUM

VENOTUBE*—Length of plastic tubing with attached male and female Luer adapters and pinch clamp. Allows anesthesiologist to keep syringe off the patient's arm. Pinch clamp offers additional factor of safety.

*Trade mark



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Imagine, then, the possibilities of a *flexible* drip chamber to solve this problem—just squeeze the plastic chamber several times and the blood unclogs. That is one important feature of Abbott's new, revolutionary Blood Recipient Set.

The Blood Recipient Set has another distinct advantage. Its plug-in tip is a metal, needle-sharp, pre-straining canula, which can be aseptically inserted, without pre-perforating, through the stopper of any Universal blood container. The entire set is sterile, pyrogen-free, ready-for-use as it comes in a single package—and it is completely disposable.

Ask your Abbott representative for a demonstration of this newest innovation in blood transfusing equipment. Or write us direct, Abbott Laboratories, North Chicago, Illinois.

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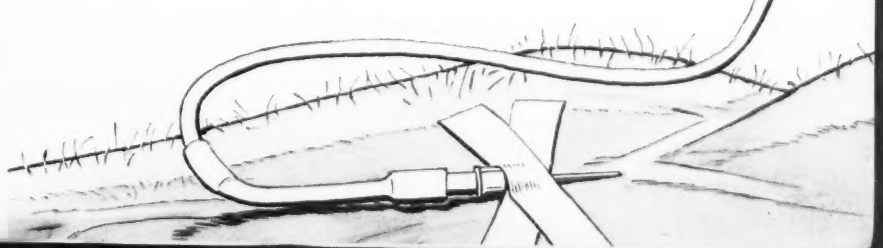

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751. Lightweight Negative Pressure Unit for gentle post-operative gastro-intestinal suction drainage at the bedside. The McLellan Suction Unit (SA-1) weighs only 11 pounds. It gives constant negative pressure without overheating, is always controlled by a pressure lock; overflow is prevented by an automatic shut-off valve. Capacity (0-150 mm. Hg) more than adequate for gastrointestinal drainage. Unit is portable, takes up little space (6 x 12 inches and can be started as soon as the patient is ready. The Burdick Corp.

753. Germicidal cleaner cleans, disinfects, deodorizes in one operation. Korex combines soap, synthetic detergent, a germicide, "wetting agent" and penetrant with water softeners and emulsifiers. Cuts through dirt, breaks it down and floats it away in one application. With a phenol coefficient of 2, its germicidal properties are such that Korex kills Staph Aureus, E. Typhus and tuberculosis bacteria. A true germicidal cleaner, not just a "sanitizer." Has been proved effective on all types of floors, furniture, woodwork, walls metal and for scrubbing hospital instruments. Sample available. Huntington Laboratories, Inc.

754. Master X-Ray Vu-Graph provides for projection of and 10" x 10" area of a 14" x 17" x-ray film. Modern machine precision applied to plastic mediums has produced a new optical member based on the old principle of the Fresnal lens. Compact in design, lightweight and superior quality of large area projection. Provides clear, crisp, sharply defined screen images. Charles Beseler Co.

756. Stainless steel chrome-plated Thermo-Plate keeps food hot or cold to the last tasty bite. Adds to the attractiveness of the food, requires no extra dish. Washes shiny-clean with ease. Lasts for years. Descriptive folder of four models available. Service Ideas, Inc.

731. The Electronic Secretary records all conversation any time, any place. No bulk, no wires, no reels. No connecting to electric socket. Miles Reproducer Co., Inc.

757. Electrocuting Insect Control Equipment for control of flying insect pests. Fly screen panels for doors, windows and transoms, fly screen doors, fly trap boxes and insect control panels for night-flying insect pests and outside of buildings. Detjen Corp.

726. New Scotsman "Super Cuber" Ice Machine produces round, solid and crystal clear cubes. Store perfectly, do not stick together. Easily handled, fit into any glass without forcing. Completely automatic cuber assures constant, dependable supply at all times. Sixty-nine cubes are frozen separately at one time and are then released into the storage bin by a flow of fresh water, no chopping or cutting mechanism required. American Gas Machine Co.

822. Improved technic for wrapping sterile packs increases efficiency. Sterilwrap, cloth-like crepe material specially treated to insure high wet strength and full steam penetration. Will not stiffen or crack. Goods can be perfectly sterilized under same autoclaving conditions used with textile wraps. Meinecke & Co., Inc.

755. X-Ray Tubestand, Fluoradex "60-72". New ceiling-floor x-ray tubestand with three unusual features—all motions and electric locks are controlled directly in front of the operator; has the widest range of tubehead travel; tubehead can be angulated 135° to handle the most advanced radiographic technics. Two models available, the 60" and the 72", either model may be installed as ceiling-floor or a wall-floor installation to suit any type of hospital construction. The chrome-finished floor rail has a rounded surface and is easy to keep clean. Westinghouse Electric Corp.

653. Coreco-Flash Clinical Camera, an addition to the Coreco family of automatic cameras, was built as a result of tremendous popular demand of the medical and dental professions for a fully automatic clinical camera priced to fit practical photographic budgets. Takes technically and clinically accurate photographs of any body surface from a minute lesion to large body areas, or any body cavity. Good for use in the emergency ward.

(continued on next page)

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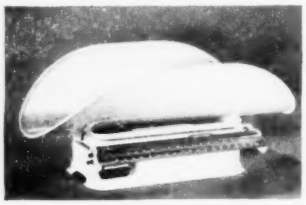
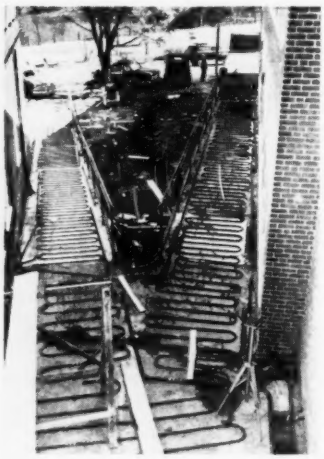
729. New portable radio has special features for hospital use. Exceptional sensitivity and tone quality for complete coverage of an entire ward, while a special connection for headphones permits entertainment for an individual listener without disturbance to others. This plug-in connection may also be used for additional amplification if a very large area coverage is wanted. Newcomb Audio Products Co.

758. New beam type nursery scale with hardened steel bearings and pivots throughout. Capacity 36 lbs. by ¼ oz. Equipped with three chrome plated beams with deeply etched graduations for easy reading. Special locking device provided to protect balance in transit. Hanson Scale Company.



509. Faultless Condux Electrically Conductive Hospital Casters minimize static explosion hazards. Rubber expansion socket integral with double ball bearing swivel caster. Wheel is made of homogenous composition with electrically conductive properties.



728. Low-pitched ramp makes it possible for wheelchair and crutch patients to get from one level to the next under their own power. Shown here is the two-stage ramp recently installed at the Home and Hospital for Crippled Children at Newington, Conn. Concrete ramp has been provided with a snow melting system of 3/4 inch wrought iron pipe, keep it clear and safe throughout winter. A. M. Byers Co.

773. Ambul-Aider, newly perfected aid to early locomotion for the amputee. Helps to overcome the grave physical and psychological danger of keeping the amputee bedridden and susceptible to self-pity, loss of interest and confidence. Constructed of heavy, tubular aluminum and leather, features patented Control Lock which responding to thumb pressure, enables the amputee to lengthen or shorten the pylon at will, adjusting the distance between stump and floor automatically . . . eliminating necessity of adding stump socks to compensate for shrinkage. Cosmevo Mfg. Co.

772. Two completely new electric room size air conditioning systems designed for installation in windows of single rooms only. Easily and simply installed. Fresh air is drawn in from the outside, filtered and dehumidified, cooled and circulated throughout the room. Baffle arrangement enables "directional air control"—cool air can be directed either straight out the side, directly out the front, or out both side and front vents at the same time. Fresh'nd-Aire Co.

781. Dynel Draperies for institutions now made in a variety of constructions, colors and prints. Beautiful in appearance, dynel drapes don't sag or stretch, wash without shrinking. Resist staining, stubborn stains can be removed in bleaches. Mothproof. This new fiber is extremely resistant to fire, will not support combustion. Strong, abrasion resistant assuring remarkable wear life.

775. New electric dehumidifier that can remove from the air up to three gallons of water every day. Large enough to dehumidify an enclosed space up to 10,000 cubic feet. For areas where relative humidity does not require continuous operation, a timer clock is available as an accessory. Small, portable. Can be operated on standard 115 volt a-c service. Needs no plumbing or other permanent installation. Westinghouse Electric Corporation.

796. The New Electronic Memory 228, tomorrow's dictation machine today. Complete in one unit. Natural voice playback. Completely portable. "Handi-mike" provides ultra-sensitive sound and voice pickup. Easy-grip convenient control button built into mike handle. Instantaneous playback by simple flick of a switch. Takes up to a full hour of dictation without running out. Automatic erasing . . . just re-record over previous dictation. Webster-Chicago.

654. And-O-Meter accurately measures the consumption of oxygen by a patient for any given time. Small and compact. Clock-like face will record up to 24,000 liters which is more than adequate for a 24-hour reading. By turning over the calculator you determine the amount you want your hospital to earn per thousand liters, and by adjusting the wheel you will arrive at the total cost for the oxygen. Makes an accurate record for the doctor to review each day of the amount of oxygen his patient had received.

686. Weck Prep Razor gives finest, cleanest shave of any razor ever used in a hospital. No scraping scratching or irritating. Constructed in one piece, nothing to take apart, nothing to unscrew. Tooth guard offers complete protection, easy to wash clean. Does not clog, regardless of length of hair. Cutting edge compares in sharpness with that of a microtome or skin-grafting knife.

(continued on page 45)

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O.R. Supervisors; Gudebrod will send you a leaflet on Non-Adsorbable sutures free of charge.

Edison will send a trial supply of Dermassage on request.

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☐ 494	Talcum Reprints	☐ 755	X-Ray Tubestand	☐ 778	Wear-Ever Double Boilers
☐ 509	Faultless Casters	☐ 756	Thermo-Plate	☐ 781	Dynel Draperies
☐ 631	Monitor Washer	☐ 757	Insect Control	☐ 782	Deodorizer-Circulator
☐ 653	Coreco Flash Camera	☐ 758	Nursery Scale	☐ 783	Mackin Venetian Blind
☐ 654	And-O-Meter	☐ 759	Dynaklen	☐ 784	Medical Librarian
☐ 686	Prep Razor	☐ 760	Watchmaster Light	☐ 785	Movable Partitions
☐ 691	Ether Squibb	☐ 761	Dar-Kol	☐ 786	Marco Surgical Dressings
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☐ 733	Fire Warning Card	☐ 772	Electric Air Conditioning	☐ 795	Floor Maintenance
☐ 751	Negative Pressure Unit	☐ 773	Ambul-Aider	☐ 796	Electric Memory

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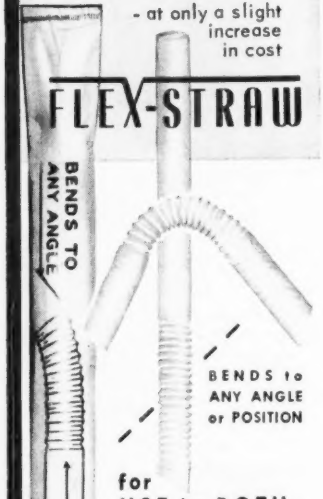

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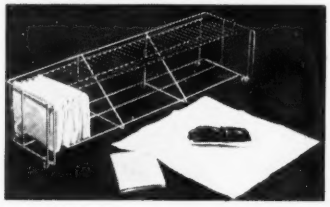
760. New Watchmaster Automatic Stand-By Light supplies emergency light instantly when fuses blow or power failures occur. Electrical components including relays, transformers and battery chargers, have been specially engineered for constantly energized stand-by duty. Battery has heavy pure lead plates, hard rubber separators, patented leakproof terminals and automatic filling control. Built-in trickle charger maintains specific gravity between emergencies and built-in fast charger restores battery quickly for next emergency. Permanent or semi-portable installation. UL approved. Carpenter Mfg. Co.

761. Dar-Kol, surgical instrument oil cleans as it lubricates. Breaks up corrosion, rust and oil gums. Loosens corroded and gummed joints quickly. Safe and easy to use on all instruments, simply flush working parts or submerge instruments in Dar-Kol, then wipe clean. Contains no acids or graphites. Dar-Kol Products Co.

762. New smudge-proof pressure-sensitive labeling tape —for labeling glass containers of all kinds. "Mark-On" tape is designed for labeling slides, bottles, test tubes, beakers and other chemical and laboratory equipment. Unique writing surface, beneath a protective covering of transparent acetate film tape, permanently reproduces any message. Simply use any blunt pointed object, a stylus or dry ball-point pen, and write on the acetate film. Message reproduces automatically on writing surface underneath and cannot be erased or smudged. Tape can be applied to any clean and dry metal, plastic, glass, wood or paper surface. Resistant to water, acid and oil spillage and can be washed without harming the message or adhesive. The TapeMark Co.



484. New Sterilizing Rack Helps Save Life of Rubber Surgical Gloves. Gloves, properly wrapped and placed in Rauh Rack, come up to temperature quicker and after sterilization time, cool down faster. Exposure to high temperatures is cut down while all gloves receive same sterilization. Lightweight, easy to handle. Sturdily constructed of zinconized steel basket wire, welded together and rust-proof. 36 pairs of gloves in wrappers fill rack without excessive packing.

764. P. A. Brace, an orthopedically-correct, pull and adjust brace for ischial traction designed to be worn on either limb, thereby eliminating necessity of waiting for individual 'right' or 'left' braces. Available in three sizes each (small, regular or large) for either male or female patients. Constructed of extremely durable feather-weight steel with a soft leather-covered ischium ring. An ideal appliance when temporary therapeutic traction is indicated as in nailing, plating or fractures. Economically priced. Cosmevo Mfg. Co.

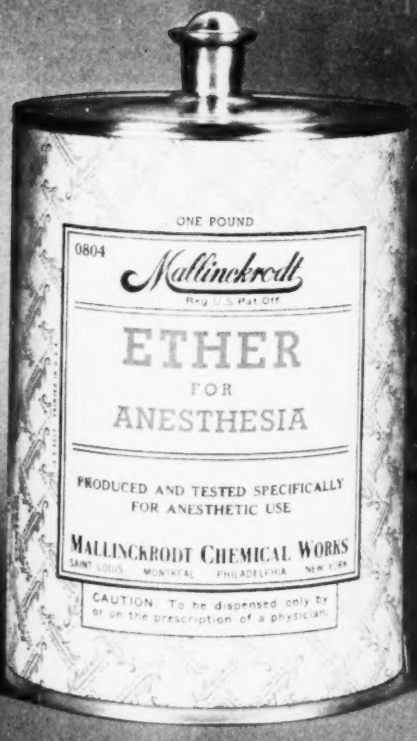
765. Permanent size marking for surgeons' gloves. New method consists of applying an orange colored ink film to the wrist front and curing this marking right into rubber surface. As a result size marking becomes an inherent part of glove. For further identification by sight, the manufacturer has developed a series of background designs, size 7 is a circle, 7½ a square, 8 an oval, etc. When glove cuffs are turned back for pack sterilization these background designs can be readily seen, thus making it possible to match up each pair and eliminate mismating. Massillon Rubber Co.

767. New anti-slip wax with long wearing qualities. Resists scuffing. Formula contains yellow carnauba wax with colloidal silica as the anti-slip ingredient. Listed by UL. Safe for application on types flooring material. Self-shining, dries with a hard, wear-resistant surface. Does not require frequent buffing to renew lustre. Water-resistant and won't water spot. Huntington Labs., Inc.

733. Fire warning card for patients who smoke in bed. Travelers Insurance Company.

768. Chefware Roasting Pans feature "Cuddle-Handles" and a "Taste-Trough." The handles are so named because they "cuddle" closely to the sides of the pan when not in use. "Taste-trough" is the built-in trough which seals in meat and flavor juices, providing a natural self-basting which produces savory and tasteful foods. Harlow C. Stahl Co.

631. Monitor Aerator Washer, especially designed for surgical gloves. Washes and triple rinses up to 75 surgical gloves in 12 minutes. Uses 9 gallons of water. Disc-shaped pulsator is flush with side wall of washer's tube and has no sharp edges or projections, allowing gloves to be put into or removed from washer while it is running. Embodies new principle, water forcefully aerated yet never mats gloves together or whirls them into knots. Unusual cleansing action. Thorough rinsing. John Bunn Corp.



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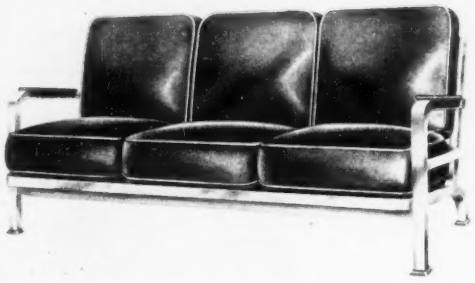


769. Three new lounge models, single seat lounge chair, a two-seat settee and a three seat settee (pictured above) are anounced by Emeco Corp. Constructed of sturdy, light weight aluminum, frames are lifetime "Emecoated" for preservation of finish through years of service. Deep inner-spring cushions, reversible and interchangeable between models. Plastic simulated leather upholstery material, flame-proof and stain-resistant. Easy maintenance. Wide range of colors and textures. Emeco Corp.

771. New light-stopping window shades made of durable, flame-resistant Vinylite plastic. Flexible and easy to keep clean, resistant to cracking, tearing and shrinking. Edges do not fray or ravel. Color does not fade. Also resistant to moisture, mildew, oils, grease and most chemicals, can be thoroughly washed with soap and warm water. Abrasion-resistant, withstands the constant ups-and-downs of every-day use. The Chas. W. Breneman Co.

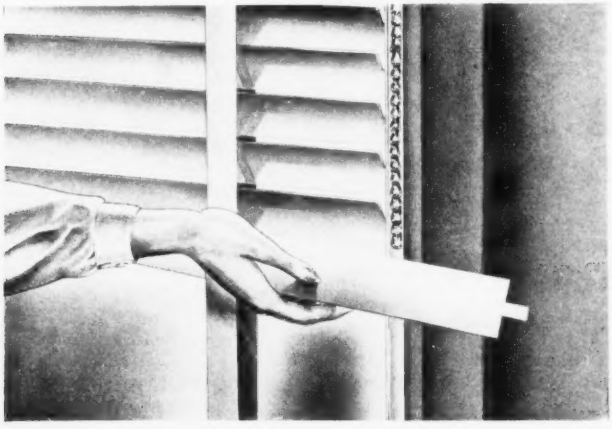
774. Blood Bank equipped with a temperature indicator revealing temperatures of blood in storage and recording any variation of temperatures from 37°-44°F (4°-6°C). The rigid temperature stability will vary less than ½°F on cycle. The temperature indicator is connected to an alarm system which will sound if for any reason temperatures vary from the controlled setting. Capacity of 80 pints of whole blood. Quick and easy access to contents by means of 8 sliding pull out trays with automatic stops to prevent pulling out completely. Enables oldest blood to be selected first. Brewer-Titchener Corp.

776. Dry-Air Sterilizers designed to meet principal Army-Navy specifications. Completely automatic. All models are double wall construction. Modella dual heater bank and Power Selector Switch for balanced heat plus wattage control save current costs. Adjustable stainless steel shelving. Temperature range 35° C. to 180° C. Five year guarantee. Blue M Electric Co.

778. Wear-Ever Aluminum alloy double boilers with two unique features. The inside containers are constructed from sheets of high purity aluminum permanently bonded to a core of high tensile strength aluminum alloy, eliminating pitting through, yet providing users with a strong dent resistant utensil. Also the round inside containers will stand alone. Good conduction properties of aluminum make the double boilers useful as cold servers by putting ice into bottom containers. The Aluminum Cooking Utensil Company.

782. New Deodorizer-Circulator effectively and efficiently removes unpleasant odors from the air. Also filters out dust, lint and pollen. Acts as an air conditioner that gently circulates the air. One unit is adequate for 20,000 cu. ft. or more air space, depending on the intensity of the odors. Portable and easy to install . . . just plug it in. Costs only a few cents a day to operate. Royal Products, Inc.

770. Radiation monitoring of personnel who might be exposed to ionizing radiation is offered by Film Badge Service. Operates smoothly. Badges are sent at weekly intervals postpaid by Technical Associates and are returned postpaid by the subscriber for processing and measurement. Film Badge Report, furnished weekly, provides a permanent, accessible record, a duplicate of which together with the film, is retained in the files of Technical Associates. Available as a pin-clip on clothing, wrist badge or film ring. To aid in sorting, badges are finished in four colors. Technical Associates.



783. Mackin Venetian Blinds are easy to clean. Individual slats or the entire blind are quickly removable. Absence of cords makes it possible to slide tapes to one side when dusting the blinds. Equalized lift and positive control. Ball bearings used for lifting parts to insure smooth, easy operation, eliminating wear and friction. Highest quality tapes for long life and color fastness. Basswood slats finished with finest enamel. Each slat is tenoned and, together with the collector bar, travels freely in a sturdy metal moulding of attractive metal design at each side of the window. This controlled travel prevents shifting of slats. Mackin Venetian Blind Co.

(Continued on next page)

New Literature

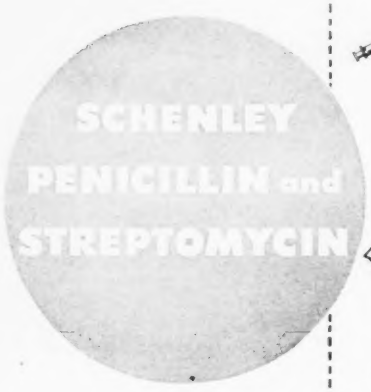
494. Talcum as an Operating Room Hazard, reprints from HOSPITAL TOPICS O.R. Yearbook. Talk delivered by C. Marshall Lee, Jr., M.D., F.A.C.S., before meeting of the Association of O.R. Nurses, New York City. Limited number available.

784. "Your Career as a Medical Record Librarian." Booklet about what a medical record librarian does, the educational requirements, what this career has to offer. American Association of Medical Record Librarians.

785. The care and maintenance of movable partitions explained in new booklet published by E. F. Hauserman Co.

795. "Your Floors and How to Maintain Them." New 40-page manual on care of every type of floor. Multi-Clean Products Co.

787. Dynel, booklet of general information concerning this new staple fiber, its properties and uses. Outstanding as a new fiber in blankets, draperies, etc. Carbide and Carbon Chemicals Co.



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789. Tornado Noiseless Vacuum Cleaners described in 4-page bulletin. Breuer Electric Mfg. Co.

790. Hospital Cleaning Equipment, catalog of brushes, mops, waxes and cleaners manufactured by the Fuller Brush Co.

791. "Laboratory Gases and Equipment." Informative new 24-page, well illustrated catalog, including prices on all equipment. Ohio Chemical & Surgical Equipment Co.

792. Catalog of complete line of metal furniture manufactured by Royal Metal Mfg. Co.

793. New 1952 Angelica washable uniform catalog now available.

794. "How To Buy Floor Matting", whether it be rubber, wood, plastic or composition, just issued by the American Mat Corp.

786. Latest price list on Marco Surgical Dressings manufactured by Marsales Co., Inc.

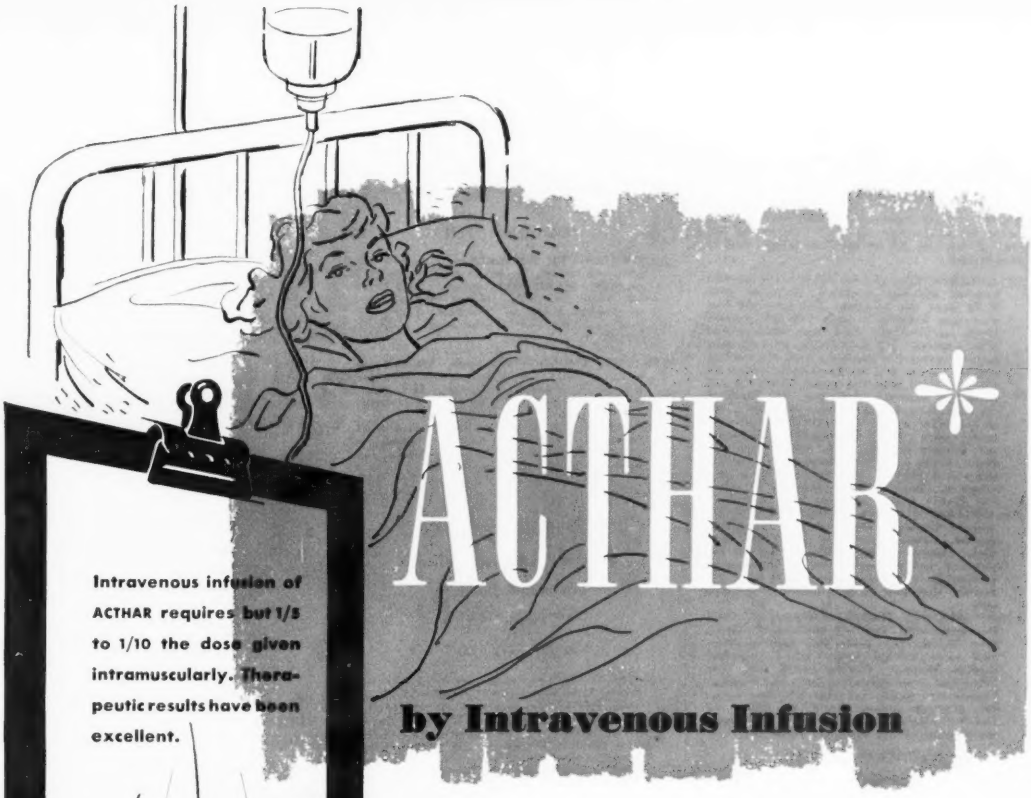
691. Ether Squibb. Booklet discussing stages of ether anesthesia, administration by inhalation, administration by other methods.

695. "Review of Literature on Therapeutic Nutrition." Authoritative, timely and concise compilation of the latest information on new technics, materials and procedures which have been developed in the field of nutritional therapeutics. The Stuart Co.

696. All Major Items of Hospital and Surgical Equipment manufactured by the Ohio Chemical & Surgical Equipment Co., along with pertinent installation data and dimensions, are featured in new, 28-page catalog.

698. Penetrating, Protective Paints. Four page technical folder containing quick reference index to quickly determine most suitable coatings for rust prevention, chemical corrosion and dampness. The Wilbur & Williams Co.

701. Noise Elimination. Problem of industrial noises and their control is subject of new pamphlet issued by Industrial Acoustics Co.



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ADMINISTRATORS: (Registered Nurses) (a) Forty bed community hospital; southern California town 15,000. (b) Thirty bed hospital-clinic; west coast college town. (c) Twenty bed modern hospital; Florida resort city. (d) Thirty bed, soon expanding forty bed hospital; Florida east coast. (e) New fifty bed hospital; southern college town; to $7000. (f) Anesthetist-superintendent; twenty bed modern hospital; Rocky Mountain resort area.

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TUBERCULOSIS PHYSICIAN: Six years, Senior Physician, 600 bed Tuberculosis sanatorium and clinical instructor, medicine, university medical school; FACCP; ATrudeauS; seeks Directorship, Tuberculosis Sanatorium; middle thirties; catagory IV.

ANESTHESIOLOGIST: Diplomate; Four years, Chief, Anesthesia (Lt Cmdr) USNMC; five years Director Anesthesia, 300 bed hospital; immediately available.

RADIOLOGIST: Diplomate, diagnostic and therapeutic; following six years, private practice, medicine and three years, residency, teaching hospital has spent three years Private Practice and Consultant, Radiology.

PATHOLOGIST: Diplomate; Certified in both; one year, Assistant Pathologist teaching hospital; three years, Director of Laboratories, 300 bed general hospital.

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(a) ADMINISTRATOR; small general hospital; residential town near university center, East. (b) ANESTHETISTS: (1) Brand new 50-bed hospital; anesthetics average 45 monthly; $400, maintenance; deep South. (2) General 250-bed hospital; medical anesthesiologist in charge; near university town; $5000 increasing to $6400. (c) BLOOD BANK NURSES; important university hospital; training unnecessary; should be interested specializing new field; apartment available, modern, attractive residence. (d) Counselor; teaching hospital; Midwest. (e) DIRECTOR OF NURSES: (3) Nursing service; general hospital, 300 beds; fashionable resort city, Gulf Coast; minimum $6000. (4) 225-bed general hospital; college town near Chicago; minimum $6000. (f) EDUCATIONAL DIRECTOR AND NURSING ARTS INSTRUCTOR: small hospital; college town, Midwest; $6,000, $4800, respectively, maintenance. (g) GENERAL DUTY NURSES: (5) Five; general hospital; South Pacific; $4290, maintenance. (6) Three; modern well equipped hospital operated under American auspices; Asia; $325 plus living allowance of $235. (h) MALE NURSES; Surgical supervisor, clinical instructors in medicine and surgery, science instructor; 175- bed hospital; university town; Midwest. (i) SUPERVISORS: (7) PEDIATRIC; university hospital, apartment available beautiful new nurses' residence; Midwest metropolis. (8) OBSTETRICAL, PEDIATRIC, PSYCHIATRIC; beautiful new institution completely air-conditioned throughout; 300 beds; affiliated university medical school; large city, West. (9) CHIEF, OPERATING ROOM; surgical hospital, principally major surgery; medical school affiliations; $4500-$5000. East. (10) OBSTETRICAL; new hospital, 175 beds; resort town, Pacific Northwest. (i) SURGICAL NURSES: (11) New hospital, 85 beds; coast town, Alaska. (12) Department of surgery, 26-man clinic; South.

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POSITIONS OPEN

WANTED—Laboratory technician for 25 bed hospital. Salary $3300.00 and full maintenance. Apply: Superintendent, Municipal Hospital, Clay Center, Kansas.

SUPERINTENDENT OF HOSPITAL AND NURSES: 26 bed and 8 bassinet general community hospital. (nice institution) Good salary—month's vacation. Six physicians on staff. Ada Community Hospital, Ada, Minnesota.

(Additional Classified page 69)

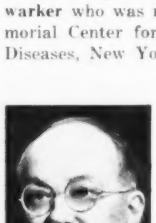
Personally Speaking

Dr. Bernard L. Allen—at present manager, VA hospital, Clarksburg, W.Va., has been appointed manager, VA hospital, Manchester, N.H. He succeeeds **Dr. George O. Pratt** who is now manager, new VA hospital, Brooklyn. **Dr. Lee H. Schlesinger,** chief medical officer, VA Center, White River Junction, Vt., will replace Dr. Allen in Clarksburg.

Harry A. Blythe—assistant superintendent, University of Chicago Clinics, has resigned to become administrator, City Memorial Hospital, Winston-Salem, N.C.

Edger F. Huse—appointed personnel officer, Lincoln (Nebr.) General Hospital. Other appointments at the hospital are: **Homer C. Young,** who was appointed purchasing agent; and **Thora K. Patterson,** appointed director of nursing. Miss Patterson was formerly director of nursing service, Mount Sinai Hospital, Chicago.

John N. Hatfield—former president of the A.H.A. has been appointed director, Passavent Memorial Hospital, Chicago. Mr. Hatfield, who has been administrator, Pennsylvania Hospital, Philadelphia, will assume his duties in June. He replaces **Richard D. Vanderwarker** who was named director, Memorial Center for Cancer and Allied Diseases, New York City.



Edward Spease—formerly dean, School of Pharmacy, Western Reserve University, Cleveland, has been named to receive the 1952 H.A.K. Whitney Lecture Award by the Michigan Society of Hospital Pharmacists. Mr. Spease is recognized for his many contributions to hospital pharmacy which included the first Minimum Standard for Pharmacies in Hospitals accepted in 1936.

(Continued on page 52)

Kwiksort *is your assurance of*

NO MORE MISMATED GLOVES

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Kwiksort is the new size marking idea that lets you "pair-up" surgeons gloves in a minimum of time and completely avoids mismating. The size is in figures for anyone to see. It won't fade out, rub off, wear off or steam off. It is an integral part of the glove — plainly visible for the life of the glove.

In addition to easy-to-read figures, each size has its own distinctive design that can be plainly seen even when the glove is inside out. Any hospital assistant can sort gloves quickly by separating the round design size 7 from the square design size 7½ or the oval design size 8. This has been thoroly tested in many hospitals. Every one of them reports that the Kwiksort idea speeds sorting — and eliminates mismating.

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PERSONALLY SPEAKING continued

Alpha Q. Stine—acting director, dietary service, University of Illinois Research and Educational Hospitals, was honored recently at a tea commemorating completion of 25 years of service.

Victor M. Anderson—has resigned as administrator, Abbott Hospital, Minneapolis, Minn. He has been president Minnesota Hospital Association, Minneapolis Hospital Council, and Minnesota Hospital Service Assn.

Cloyd S. Arnold—retired after 51 years in the nursing department, Danville (Pa.) State Hospital. The 71 year old male nurse, who served as head nurse in various wards of the hospital, has never lost a day's work since 1901.

Jane Black—resigned as administrator, Sarah D. Culbertson Memorial Hospital, Rushville, Ill.

Eugene G. Boyd—was named administrative resident, Baptist Hospital, Memphis, Tenn., to replace **E. B. Sledge**, who left to become business manager, Greenwood (Miss.) Hospital. Mr. Boyd will report to Baptist hospital June 1.

Dr. C. L. Williams—was named superintendent, Central State Hospital, Indianapolis, Ind., to succeed **Dr. Max A. Bahr** who retired after 54 years' service. Dr. Williams was formerly chief of professional services, Lexington (Ky.) VA Hospital, and was the first director of the Indiana Mental Health Council.

Helen Bray—won the 1951 national award as Outstanding Aide to the Mentally Retarded presented by the National Association for Mental Health. An employee of the Pacific Colony State Hospital, Los Angeles, Calif., Mrs. Bray was chosen for "initiative and skill in bringing family life to the mentally retarded children under her care."

Eileen Callender — was appointed administrative assistant at the new Galveston County (Texas) Hospital. She was formerly administrator, Alvin (Texas) Memorial Hospital.

Mrs. Eugene Carpenter—is the new office manager, Jarman Memorial Hospital, Decatur, Ill., replacing **Mrs. Howard Brannon**, who resigned Feb. 1.

Theodore F. Childs — Superintendent, Brockton (Mass.) Hospital, since 1945, assumed the position of superintendent, Lenox Hill Hospital, New York City, April 1. **John H. Hayes**, former superintendent, Lenox Hill Hospital, is now director of the hospital and will handle rebuilding, public relations, and hospital relations activities.

Walter H. Church—is the new superintendent, Ohio Valley General Hospital, Pittsburgh, Pa. He succeeds the late **Joseph M. Hall** who died in October after heading the hospital more than 20 years.

Reed L. Clegg—was appointed assistant manager, VA Hospital, Vancouver, Wash.

Dr. Benjamin A. Cockrell — was named manager, VA Tuberculosis Hospital, Memphis, Tenn., to succeed **Dr. Glen W. Doolen** who was transferred to VA Central Office, Washington, D.C. Dr. Cockrell was formerly chief medical officer, VA Regional Office in Chicago.

Dr. D. T. Cole—assistant superintendent, Anna (Ill.) State Hospital resigned after 20 years at the institution. In 1944 he became acting assistant superintendent, assuming the full position in 1947.

(Continued on page 53)

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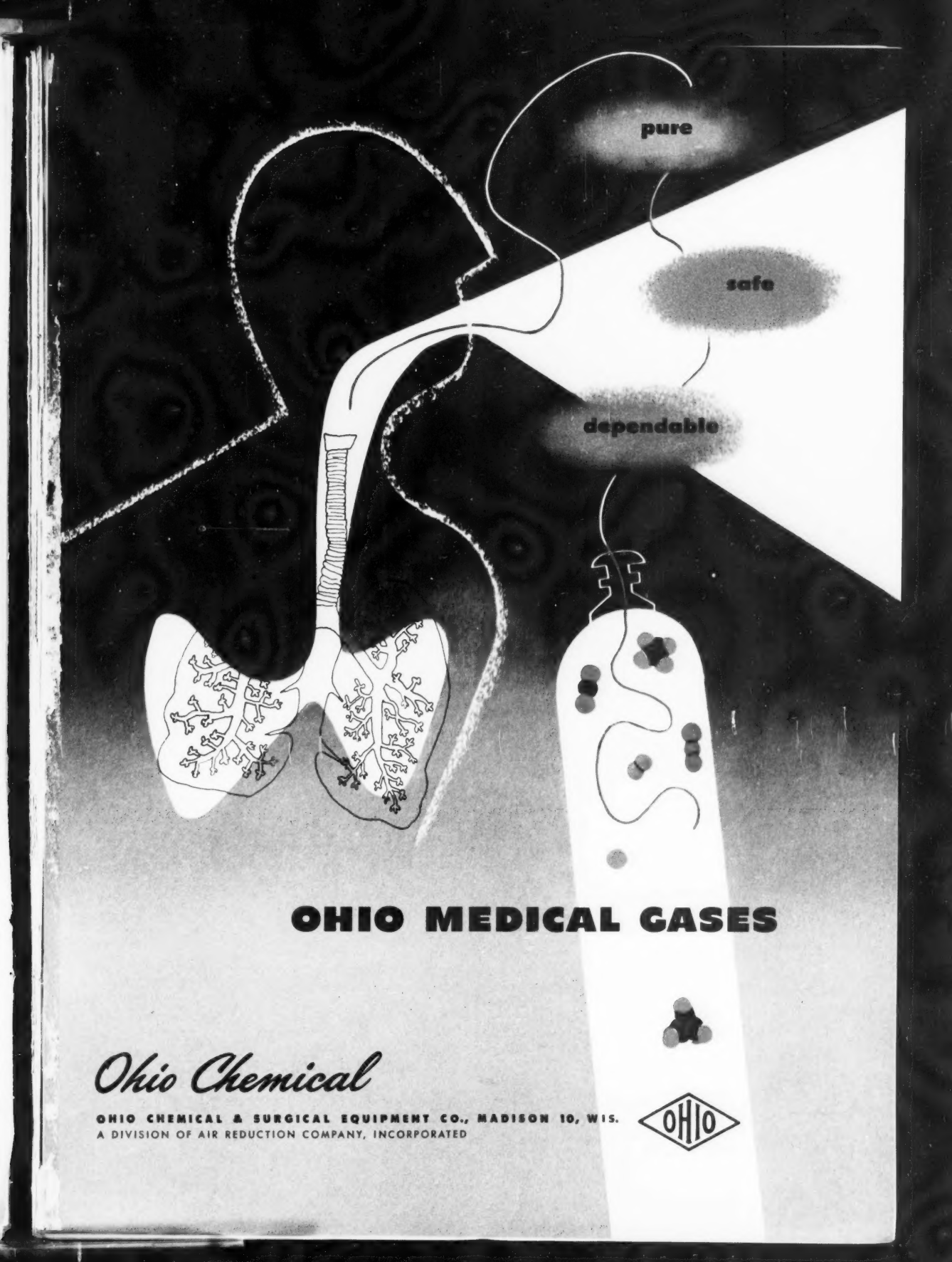

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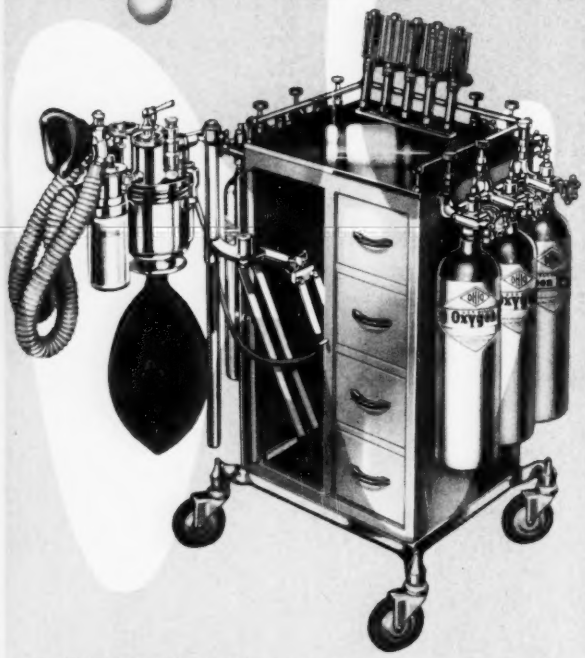

Heidbrink Cabinet Kinet-o-meter No. 550—5-gas cabinet

A single mobile unit combining the facilities of the Kinet-o-meter with those of a spacious cabinet and an anesthetist's table

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Kinet-o-meters are equipped with standard sight-feed flowmeters, calibrated for various combinations of nitrous oxide, ethylene, cyclopropane, helium, carbon dioxide and oxygen. A vaporizer for the adequate admixture of ether in amounts as desired is standard equipment.

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PERSONALLY SPEAKING continued

Henry Amicarella—has been named assistant administrator of Evanston (Ill.) hospital. He was formerly administrative assistant, Colorado General Hospital, Denver.

Sister Joseph of Arimathea—has been named superior of St. Mary's Hospital, Walla Walla, Wash., succeeding **Sister Christiana**, who has gone to St. Vincent's Hospital, Portland.

Sister Maria of Assissi—from St. Elizabeth Hospital, Yakima, Wash., has been named administrator of St. Joseph's Hospital, Vancouver, succeeding **Sister Joan of Arc** who has moved to Providence Hospital in Everett.

Lawrence Benedict—has been appointed personnel manager, Virginia Mason Hospital, Seattle. He was formerly with Puget Sound Power & Light Co.

Mrs. Gladys M. Bergum, R.N.—is the new superintendent of nurses at Good Samaritan Hospital of the Puyallup Valley, Wash., formerly Puyallup General Hospital. The Lutheran Home and Hospital Foundation took over the hospital Feb. 1.

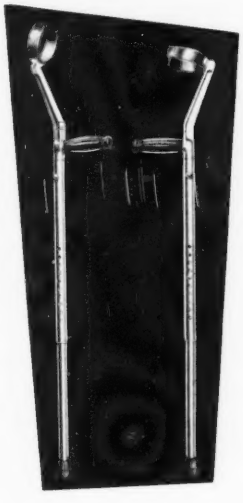
Mac W. Buhler—administrator, McKay Memorial Hospital, Soap Lake, Wash., has resigned this position and plans to join Northwest Hospital Consultants, Spokane.

George Collins — administrator, Alameda Hospital, was elected President of East Bay Hospital Conference. This organization includes nearly all the hospitals in the counties on the east of San Francisco Bay. **E. M. Carpenter**, administrator, Fairmont Hospital, San Leandro, is vice president of the Conference; **Mrs. Eva L. Meade**, administrator, Pittsburgh Community Hospital, is secretary; **Richard Highsmith**, administrator, Children's Hospital of the East Bay, retires as president and **Florence Klaser**, administrator of East Oakland Hospital retires as vice president.

Dr. George P. Denny — Manager, West Roxbury, Mass. VA Hospital, has been appointed manager of the 949-bed general medical and surgical VA hospital in Boston, which is now under construction.

Mrs. Fabiola Torrison, R.N.—is now acting superintendent of Samaritan Hospital, Moses Lake, Wash., operated by Grant County Public Hospital District No. 1. She succeeds **Gerald L. Smith.** Mrs. Torrison was formerly administrator of Columbia Basin Hospital, Ephrata, Wash.

(Continued on next page)



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If your sterilization indicator is actually only a temperature indicator, wouldn't it be wise to investigate ATI Steam-Clox for your patients' safety . . . and for your own peace of mind? ATI Steam-Clox are available through hospital supply dealers, or write us for free samples, giving your dealer's name.

Sterilization can best be achieved by the correct combination of Steam and Time and Temperature . . . the three essentials required to make ATI Steam-Clox change color from purple to green.

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BLUE and WHITE CAPSULES
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3¾ gr. (0.25 Gm.) *BLUE and WHITE* CAPSULES CHLORAL HYDRATE – *Fellows*

Small doses of Chloral Hydrate (3¾ gr. Capsules Fellows) completely fill the great need for a daytime sedative. The patient becomes tranquil and relaxed yet is able to maintain normal activity.

DOSAGE: One 3¾ gr. capsule three times a day after meals.

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Restful sleep lasting from five to eight hours. "Chloral Hydrate produces a normal type of sleep, and is rarely followed by hangover."[1] Pulse and respiration are slowed in the same manner as in normal sleep. Reflexes are not abolished, and the patient can be easily and completely aroused . . . awakens refreshed.[2-3-4]

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1 Hyman, H. T. An Integrated Practice of Medicine (1950)
2 Rehfuss, M. R. et al. A Course in Practical Therapeutics (1948)
3 Goodman, L., and Gilman, A. The Pharmacological Basis of Therapeutics (1941), 22nd printing, 1951
4 Solliman, T. A Manual of Pharmacology, 7th ed. (1948), and Useful Drugs, 14th ed. (1947)

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PERSONALLY SPEAKING continued

Col. Van Cookerly—manager, VA Hospital, Ft. Whipple, Ariz., was given the highest award of the Disabled American Veterans for service to veterans and their families.

Walter J. Eagen—has resigned as manager, St. Charles Memorial Hospital, Bend, Ore., to accept a position with a forestry consultant firm in Portland, Ore.

Dr. Albert H. Fechner—was appointed manager of the new VA Neuropsychiatric Hospital, Salt Lake City, Utah, which is scheduled for completion this month. He was formerly chief of the hospital psychiatry section of the psychiatry and neurology division, VA Central Office, Washington, D.C.

Minnie Spitzer—has been appointed director of nurses, Clark County Memorial Hospital, Jeffersonville, Ind., succeeding **Roxie Simpson.** She was O. R. Supervisor, Deaconess Hospital, Louisville, Ky., and at Clark County Hospital.

W. I. Fender, Jr.—was named administrator, Phoebe Putney Memorial Hospital, Albany, Ga. He was formerly administrator, Jay County Hospital, Portland, Ind.

William Gregg—was appointed business manager, St. Francis Hospital, La Crosse, Wis.

Corydon F. Heard, Jr.—was appointed assistant manager, VA Hospital, Little Rock, Ark. He was formerly assistant manager, Clarksburg, W. Va., VA Hospital.

N. W. Hodgson—was named administrator, Naeve Hospital, Albert Lea, Minn., to replace **Robert W. Wencil,** who resigned. Mr. Hodgson was formerly administrator, Bismark (N.D.) Hospital.

Robert Hoffman—was appointed assistant superintendent, Fergus Falls (Minn.) State Hospital. The post is a new one created by the state legislature.

Rita Holmes—is the new administrator, Desha County Hospital, Dumas, Ark. She succeeds **John Cherry** who resigned. Mrs. Holmes was formerly a laboratory and x-ray technician at the hospital.

Raymond F. Hosford—was named administrator, Lankenau Hospital, Philadelphia, Pa. He was formerly administrator, Bradford (Pa.) Hospital, past president of the Hospital Association of Pennsylvania, and of the Northwest Regional Association which

(Continued on next page)

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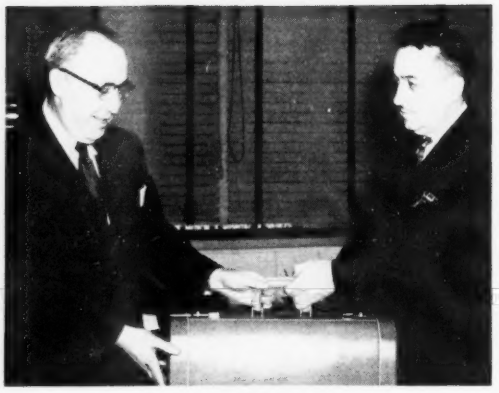
he helped to organize. Mr. Hosford replaces **Daniel E. Gay** who has been appointed special consultant to the board of trustees of Lankenau Hospital.

Eleanor F. Kerr — was appointed head nurse, Macon County (Ill.) Home and Hospital. She was formerly employed at St. Mary's Hospital, Decatur, Ill.

Clara M. Konrad—was appointed director of nurses and principal, School of Nursing, Long Island College Hospital, Brooklyn, N.Y. She came to the college from Mount Sinai Hospital, Philadelphia, Pa., in December. Miss Konrad has published several papers on obstetrical nursing and the care of new-born and premature children.

Dr. H. B. Knowles—was named superintendent, Peoria (Ill.) State Hospital. He has been acting superintendent since Nov., 1951, when **Dr. Walter Baer** left to become acting deputy director of the public welfare department's mental health service. Dr. Knowles has been in state hospital service for 34 years.



Left: David H. Spanier was recently presented with a leather bag as a going away gift by Dr. J. R. McGibony, Chief, Division of Medical and Hospital Resources, Bureau of Medical Services, USPHS, in behalf of his associates. Mr. Spanier, formerly Hospital Accounting Consultant, USPHS, is now Staff Assistant, President's Commission of the Health Needs of the Nation, Executive Office of the President. Dr. Paul Magnuson is chairman of this committee.

Muriel Lewis — is the new chief nurse, Hill Memorial Hospital, Quincy, Ill. She replaced **Velma Nelson** who retired last December.

Shirley M. Lindberg—has been appointed administrator, Marion (Ill.) Memorial Hospital. She was formerly administrator, Skaggs Community Hospital, Branson, Mo.

Dr. Joseph A. Little—is the newly named medical director, Kentucky Crippled Children Commission. He will supervise the commission's medical program at Kosair Crippled Children Hospital, Louisville, Cardinal Hill Hospital, Lexington, and Hospitals in Covington, Ashland, Owensboro, and Paducah.

Beth Lovette—has been named director of dietetics in charge of the Central Dietary Department, Presby-

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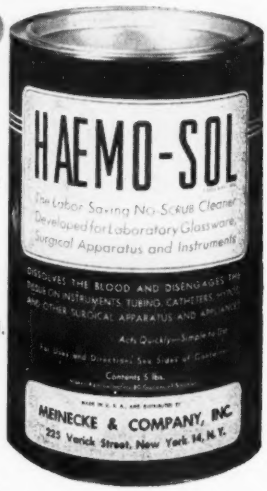
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terian, Eye and Ear, and Woman's Hospitals, Pittsburgh, Pa. She has been dietitian at Michael Reese Hospital, Chicago, Children's Hospital, State University in Iowa, and Atlantic City (N.J.) Hospital.

Dr. Claude Lowe — was promoted from staff member to acting superintendent, Madison (Wis.) State Hospital. He succeeds **Dr. M. W. Kemp**, who died Feb. 6.

J. B. H. Martin—has resigned as administrator, Indiana University Medical Center. He was president of the Indiana Hospital Association in 1938, and has been chairman of the Joint Committee, Indiana Hospital Association and Indiana State Nurses' Association since its beginning in 1944.

Stanley W. Martin — has been named administrator, Wood River Township Hospital, Edwardsville, Ill., succeeding **Cordella Hunter Piper** who resigned in January. He was formerly assistant director, St. Mary's Hospital, Rochester, Ill.

James H. Moss—is the new administrator, Audrain Hospital, Mexico, Mo. He was formerly administrator, Defiance (Ohio) Municipal Hospital.

George W. Mowrey — has been appointed chief accountant, Lewistown (Pa.) Hospital. He was formerly with the Standard Steel Works cost accounting department, Lewistown.

Dr. Charles W. Myers—has resigned as administrator, Indianapolis (Ind.) General Hospital. He was president of the Indiana Hospital Association in 1946, and is now one of Indiana's representatives on the Executive Committee of the Tri-State Hospital Assembly.

Dr. John C. Nunemaker—was appointed chief of the research division, Research and Education Service, Department of Medicine and Surgery, VA, Washington, DC. He was formerly chief of medical service, VA Hospital, Salt Lake City, and Assistant Professor of Medicine, University of Utah.

Dr. Arno B. Luckhardt—who recently retired as Distinguished Service Professor of Physiology, University of Chicago, has been appointed medical director, J. B. Roerig and Company, Chicago. Dr. Luckhardt was the discoverer of ethylene gas as an anesthetic, and his work on the thyroid and parathyroid glands forms much of the basis for current therapy in this field. He has been active for more than 40 years in various branches of medical research.

Dr. George Marshall Lyon—founder and director of the radioisotope program in VA Hospitals, was appointed Assistant Chief Medical Director for Research and Education in the VA. He replaced **Dr. E. H. Cushing**, who resigned March 1. Dr. Lyon is the author of many articles on pediatric subjects, civil defense and atomic medicine, and has been active in the field of medical education.

(Continued on next page)

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PERSONALLY SPEAKING continued

Vincent F. Otis—was named Director of the Division of Hospital and Related Services, Wisconsin Health Department. He was formerly Director of the Division of Hospital Surveys, Planning and Construction.

Dr. Anthony J. J. Rourke—was named executive director, Hospital Council of Greater New York, to succeed **Dr. John B. Pastore** who died in August, 1951. Dr. Rourke, president of the A.H.A., is also Physician Superintendent, Stanford University Hospitals, Director of Stanford's Out-Patient Clinics, Lecturer in the School of Public Health, University of Calif., and Professor of Hospital Administration, Stanford University School of Medicine.

Isaac D. Welt—has been appointed assistant director and principal scientist, Radioisotope Unit, VA Hospital, Houston, Texas, and Assistant Professor of Biochemistry, Baylor University College of Medicine. He was formerly on the staff of the Division of Nutrition and Physiology, Public Health Research Institute, City of New York.

Dr. Carl H. Wintsch—was honored by his fellow workers at City Dispensary, Newark, N.J., as he completed 50 years as surgical director. He was presented with a gift at a ceremony at the Health Department Building in Newark for his service to the community.

DEATHS

Dr. William L. Cousins—81, Founder of the St. Barnabas Hospital, Portland, Me., and first man from Maine to be made a fellow of the American College of Surgeons, died Feb. 16.

Dr. M. W. Kemp—57, superintendent, Madison (Wis.) State Hospital, died Feb. 6 while undergoing surgery. Dr. Kemp worked for 24 years in mental hospitals in Michigan, Minnesota and Illinois before going to Madison as assistant superintendent in Nov., 1947. He was appointed superintendent Feb. 1, 1948.

Helen J. Leader—65, director of nurses, Presbyterian Hospital, Philadelphia, Pa., for 16 years, died Feb. 27. Before going to Presbyterian, she was director of nurses, Christ Hospital, Cincinnati, Ohio.

Dr. Herbert G. McMahan—40, medical superintendent, Norman M. Beaty Memorial Hospital, Westville, Ind., died in a fire in a Topeka, Kan., hotel March 4. Previously he had been a psychiatrist, Illinois State Hospital at Manteno for 4 years. Dr. McMahan was in Kansas on a tour of the Menninger Foundation and Topeka State Hospital at the time of his death.

Dr. Charles F. Netzel—58, chief of surgical service, Nesbitt Memorial Hospital, Kingston, Pa., died Jan. 17. During the war he was an examining surgeon at the Wilkes-Barre (Pa.) induction station.

STATE HOSPITAL ASSOCIATIONS ELECT OFFICERS

Arizona—Sister Mary Eucharia, superintendent, St. Joseph's Hospital, Phoenix, was elected president of the Arizona Hospital Association. **Joseph Coppa,** Mohave General Hospital, Kingman, was named vice-president, and **Guy M. Hanner,** Good Samaritan Hospital, Phoenix, Secretary-Treasurer.

Georgia—Oscar S. Hilliard, administrator, Athens (Ga.) General Hospital, was chosen president-elect of the Georgia Hospital Association. **Eric B. Barton,** Griffin, was installed as president.

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HODGE PODGE

By Harry C. Phibbs

● We were enjoying that miracle of winter—Florida sunshine.

The discarded newspaper gave account of a blizzard in the Dakotas—and this in a Florida paper is supposed to give point to the warm sun flooding a surf-fringed beach and the rustle of palm trees in the wind from the Caribbees.

As loafers and beachcombers will, we gossiped and told of how our paths had led to this sun-drenched roost on the rim of the sea wrack.

Last to talk, of course, was the Canadian, for they are not a gabby lot.

"That news about snow up north reminds me of what I am going back to next week—the snow and the north wind off the Arctic barrens."

Then to our eager questioning he told us of his calling—a construction man working for one of these daring Canadian enterprises that is now busy laying a railroad north to where a big deposit of nickel has been discovered. North to where never a track was laid before—right up into the "land of little sticks."

This is only one of the startling building adventures this Canuck told of. There is the aluminum plant that will use northern water power and bauxite ore from British Guiana; the mountain of iron ore in Labrador all of which require prodigies of effort to tap with railroads, to establish towns for workers, to making living and working possible in places that have been considered the howling wilderness.

Canada has been described as a strong man with a weak back—referring to the arable lands of her west and of her east and the dense forest that lies on the pre-Cambrian shield of her midlands.

Now this young land is uncovering the riches—the ores—that lie under her rocks and forests. Not only gold, but greater than gold and silver, the uranium, the pitch blende, the nickel and iron and copper that will bring the "Land of the Maple Leaf" to her position of wealth and power.

We talked of men of the North. French Canadians and Finns. Canoe men and axemen beyond compare. Swedes with their knack for machinery and dynamite. The Scotch and Irish and English lads who make the fur traders, the mounties, the engineers and farmers.

The wind from Hudson's Bay skirling through the tree tops like the sound of bagpipes. The men running the mail behind dog teams out of the Pas. The trapper running a line on the Kenogami with a prospector's pick in his pack. The survey boys running a transit line where the caribou are cattle and the women make homes in the tight log cabins of this Last Frontier.

The Canadian lay back on the sand to let the sun tan him some more.

"This is the first time we have been able to come to Florida for a winter vacation because up 'til now we had currency control and couldn't take out money for the trip.

"That's all over now. The controls are off and our dollar is worth as much as yours. Look out though, Yank, some day it may be worth more."

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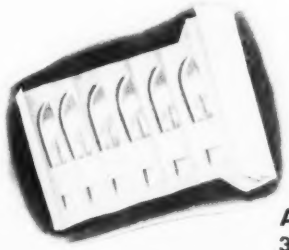

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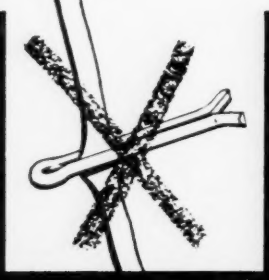

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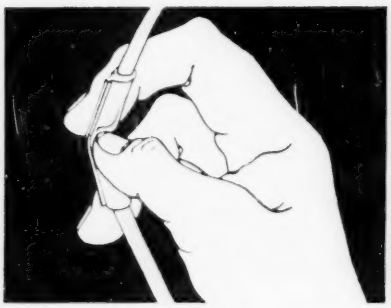

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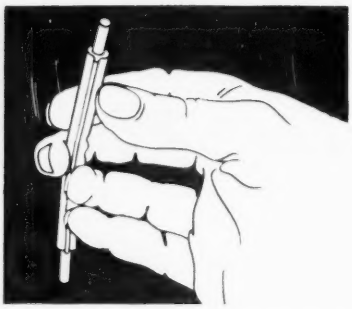
With the same hand—continue to bend clamp into closed position.



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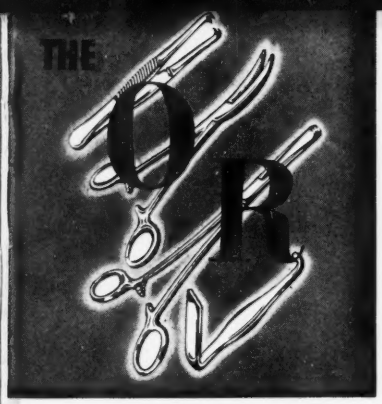


A section of special interest to operating room supervisors, surgeons, nurses and other O.R. personnel. Contributions are welcome.

• This entire O. R. Section is made available in the interests of Operating Room Personnel by Ethicon Suture Laboratories, Inc.

Scrubbing for Surgery[*]

By Dr. Carl W. Walter

● The problem of preoperative skin disinfection for the hands of any member of the operating team is an individual one which is related to the team member's frequency and pattern of scrubbing, the nature of the contamination of his hands, and the routine hand washing technic which he practices. New synthetic detergents and germicides have made less time-consuming technics safe and feasible for all individuals.

The normal bacterial flora on an individual's skin varies in different parts of the body. In protected regions, such as in creases, the bacteria may be numerous. On smooth exposed surfaces they may be few. Every individual's skin is normally inhabited by a basic population of saprophytes which is characteristic of the individual. Contamination of the skin will introduce new bacteria which in time may adapt themselves and become residents.

The transient flora of the skin usually reflect an individual's occupation and avocation; they gather along with soil. They adhere to the surface of the skin, collect in creases and subungual spaces, and are best removed by friction. Resident flora live in the hair follicles and skin glands and are impossible to remove mechanically.

The more superficial bacteria can be mechanically removed from the skin because they are actually rubbed off with friction. The rate at which bacteria are removed depends on the amount of friction employed. The transient organisms are easily removed along with the fat, grease, and soil that harbor them. Once the bacterial flora on the skin has been reduced to a minimum by scrubbing, regrowth occurs slowly over the course of days (1).

Skin which is scrubbed or disinfected daily always yields a lower bacterial count than that which is disinfected only occasionally. New technics of preoperative skin disinfection are aimed at removing a maximum of dirt, oil, grease, and transient organisms in the shortest possible time.

Tap water is effective for skin disinfection because the few organisms in the water are not implanted on the skin. Similarly, wet skin is not easily contaminated because organisms that are picked up are easily washed away. Hence the extreme caution used with faucet handles and brush backs is misplaced. They may be handled safely with wet hands.

USE ANATOMIC SCRUB

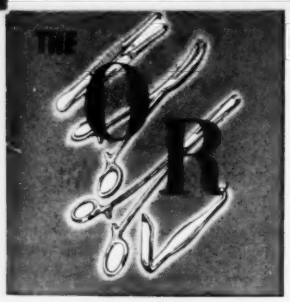
Preoperative disinfection of the skin of the hands should be based on a systematic anatomic scrub which covers every area of the hand. The efficacy of arbitrary periods of scrubbing is too dependent on the human element to be safe. Nursing students, medical students, and surgeons who join the hospital staff are urged to take the scrubbing test described by Dr. Lilienthal (2). In this test 10 percent lampblack mixed with salad oil is rubbed into the hands and forearms. The student is blindfolded, provided with soap, brush, and running water and instructed to scrub until he thinks his hands are clean. The results are enlightening and serve as a guide for improving each individual's scrubbing technics.

Mechanical scrubbing removes the transient bacteria and about one-half of the resident flora. Chemical disinfectants must be relied upon to destroy organisms remaining in the deeper layers of the skin, in the hair follicles, and in ducts of glands. A single application of a germicide will seldom achieve disinfection because the germicides that are usually used have fleeting action with little residual effect. Hexachlorophene, a comparatively new agent, has the added advantage of maintaining residual germicidal action on the skin bacteria so that they are gradually reduced to the vanishing point.

Hexachlorophene (G-11) is a bactericidal synthetic diphenol which is hypoallergenic, nontoxic, and effective in a weak dilution (3). It is not an effective "one shot" germicide. Its efficiency as an agent for a short peroperative scrub is dependent upon frequent use. While the actual mode of action is controversial, it is a well established fact that if the bacterial flora of the skin

Dr. Walter is assistant professor of surgery, Harvard Medical School and surgeon at Peter Bent Brigham Hospital, Boston.

From Walter, C. W., "Scrubbing for Surgery", Amer. J. of Nursing, Vol. 52, No. 2, Feb., page 188-89. By permission, Amer. J. or Nursing.



SCRUBBING FOR SURGERY continued

are exposed to hexachlorophene daily they will be reduced appreciably (4). The short scrub can be considered safe only if the detergent-germicide or soap-germicide mixture is used frequently. Hexachlorophene has been incorporated in bar soap, liquid soap, and the newer synthetic detergents. Data has been published on the relative efficiency of the various mediums.

At our hospital, hexachlorophene is added to pHisoderm, which is a mixture of sodium octylphenoxyethorxyethyl ether sulfonate, lanolin, cholesterols, and petrolatum, to make a 3 percent solution. pHisoderm is a thick, creamy fluid with a pH of 5.5 which is approximately that of normal skin (5). It lowers the surface tension of water, is an active emulsifying agent, and is about 40 percent more active than regular soap as a cleansing agent (6). It is non-allergenic and economical to use.

This is our technic for the preoperative disinfection of the hands:

1. Make certain that nails are trimmed so that the free edge is only 1 mm. wide.
2. Turn on water faucets and regulate the temperature and rate of flow.
3. Take brush from container.
4. Wet the hands and arms.
5. Add 1 cc. of pHisoderm.
6. Holding the brush "lengthwise," scrub thoroughly, using the following anatomic scrub so that every area of the skin receives the correct number of strokes:

a. For those who scrub at intervals of more than 3 days—30 brush strokes to the skin; 50 to the nails.

b. For those who scrub daily—15 brush strokes to the skin; 25 to the nails.

c. For those who routinely use pHisoderm with 3 percent hexachlorophene when washing their hands—9 strokes to the skin; 15 to the nails.

7. Apply 3 brush strokes to every area of the skin.
8. Rinse thoroughly under running water.
9. Apply detergent and water to the nails.
10. Scrape the subungual spaces with the sharp edged tip of a stainless steel nail file.
11. Rinse.
12. Apply detergent and scrub 3 strokes to each area of the skin.
13. Rinse thoroughly under running water.
14. Immerse hands and arms for one minute in either 1:1000 aqueous benzyl-trialkonium chloride (Zephiran) or in 0.1 percent hexachlorophene and 0.5 percent cetyl alcohol in 70 percent isopropyl alcohol (7).

We use nylon bristle brushes which are sterilized after each use in saturated steam at 250°F. for thirty minutes. The solution in which the individual immerses his arms and hands after scrubbing is kept up to volume by adding fresh solutions daily the solution is discarded after it has been used approximately seventy-five times.

The detergent is dispensed from a treadle-operated dispenser that delivers 1 cc. at each stroke. This encourages frequent applications of small quantities of detergent with many rinsings to wash away solubilized soil.

REFERENCES

1. PRICE, P. B. Bacteriology of normal skin; new quantitative test applied to study of bacterial flora and disinfectant action of mechanical cleansing. *J. Infect. Dis. 63: 301-318, Nov.-Dec. 1938.*

2. LILIENTHAL, H. and ZIEGLER, J. A study in the disinfection of hands. *Ann. Surg. 83: 831-836, 1926.*

3. TRAUB, E. F., NEWHALL, C. A., and FULLER, J. R. Value of new compound used in soap to reduce bacterial flora of human skin. *Surg., Gynec. & Obst. 79; 205-216, Aug. 1944.*

4. CHISHOLM, T. C., DUNCAN, T. L., HUFNAGEL, C. A. and WALTER, C. W. Disinfecting action of pHisoderm containing three percent hexachlorophene on the skin of the hands. *Surgery 28: 812-818, Nov. 1950.*

5. GUILD, B. T. Cutaneous detergents, Experience with an ether sulfonate compound. *Arch. Dermat. & Syph. 51: 391-395, June, 1945.*

6. HUFNAGEL, C. A., WALTER, C. W. and HOWARD, R. W. An in vivo method for evaluation of detergents and germicides. *Surgery 23: 753-759, May, 1948.*

7. BLANK, I. H., COOLIDGE, M. H., SOUTTER, L. and RODKEY, G. V. A study of the surgical scrub. *Surg. Gynec. & Obst. 91: 577-584, Nov., 1950.*

Lithotomy Drape Demonstrated at A.O.R.N. Meeting

By Edith Dee Hall
Operating Room Supervisor

● A program on "Draping the Patient in the Operating Room" was put on recently by the Association of Operating Room Nurses of New York. The meeting was held in the Surgical Amphitheatre of the Manhattan General Hospital, Miss Rose McCormick, O.R.S., acting as hostess.

Nurses from eight different hospitals participated in the program, each group presenting a special drape. A nurse, dressed appropriately, volunteered to act as patient so that the positioning and draping could be done effectively. All of the demonstrations were interesting and many new ideas were presented.

A photograph and description of the drape for a patient in Lithotomy position is given here. This drape was demonstrated by Mrs. Sara Giddens and Miss Gwendolyn Williams of the Lincoln Hospital of New York.

A large sheet 80 x 88 inches is folded in half and sewn together at the sides. A square hole 12 x 12 inches is made in the front half, seven inches from the double fold. This hole has a double facing 30 x 30 inches. When the sheet is applied the patient's feet fit in the corners. The drape is all in one piece, covers a wide area and stays in place very well. It is easy to fold and not too bulky or heavy for autoclaving.

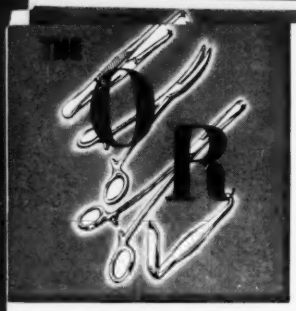
NEW Omaha O.R. GROUP

● Operating room nurses from the Omaha, Nebraska, area met recently to make plans for an Association of Operating Room Nurses. The organizational dinner, held at the Blackstone Hotel in Omaha, was attended by twenty-five surgical nurses and four representatives of nursing groups. Tentative officers were appointed to establish the laws of the organization.

In the circle are the officers. From left to right are: Chairman La Vera Wagner, Creighton Memorial St. Joseph's Hospital; Vice Chairman Ann Meis, Mercy Hospital, Council Bluffs, Ia.; and Secretary Hazel Goettsch, also of Creighton Memorial St. Joseph's Hospital.

Members in the group below are, front row left to right: Vernelle Erickson and Helen Haas, Memorial Hospital, Westpoint; Maria Moore, Veterans' Hospital; Dorothy Patach, Wanda Swenson and Kathleen Christensen, Bishop Clarkson Hospital; Frances Zimmerman, Jennie Edmundson Hospital, Council Bluffs, Ia.; Ann Meis and Ina Smith, Mercy Hospital, Council Bluffs; Wanda Kaffel and Barbara Vaage, Immanuel Deaconess Hospital; Gertrude Beaver, Bishop Clarkson Hospital; Sadie Peirce, Methodist Hospital; Clara Siemsen; Second District Nebraska Nurses' Assn. and Alma Norum, Dept. of Nurses' Education, Lincoln.

Standing left to right are: Charlyn Johnson and Patsy Cleveland, Children's Hospital; Laura Wagner and Maureen Meehan, St. Catherine's Hospital; Sister Mary Odolina, Sister Mary Corneliana, Mary Anne Ruther, La Vera Wagner, and Hazel Goettsch, Creighton Memorial St. Joseph's Hospital; Evelyn Cording, Dodge County Hospital, Fremont; Marjorie Uren and Bonnie Florine, University of Nebraska Hospital; Blanche Graves, Director of Nurses' Education, Lincoln; and Hanna Schmidt, Director of Nurses, Dodge County Hospital, Fremont.



Quotable Quotes

Excerpts from the wide span of medical and nursing literature, designed to save time for the busy Operating Room Supervisor.

Chronic Recurrent Intestinal Obstruction Due to Adhesions

Victor S. Skaff, M.D., Charleston, W. Va., and Lawrence B. Thrush, M.D., Clarksburg, W. Va.

Following operations for lysis of adhesions, restoration of normal intestinal function is only temporary.

Lysis leaves raw peritoneal surfaces and will not prevent the recurrence of adhesions.

The basic principle of the plication procedure is to bring into apposition the raw surfaces of adjacent segments of small bowel and to suture them in this position. Thus, although the adhesion may form again following lysis its location is controlled.

The extent of the plication depends on the number of raw areas on the bowel wall. After the intestinal loops have been freed, part or the entire small bowel may be converted into a series of loops. The flow of the liquid contents of the small bowel is not impaired by adhesions recurring in the raw areas since these are fixed to the adjoining small bowel and obstruction at these points is unlikely. *(From the West Virginia Medical Journal, Vol. 48, No. 3, March, 1952, P. 64)*

The Management of Acute Perforated Peptic Ulcer

W. Pat Fite, M.D., and Alfred H. Kranse, M.D., Muskogee, Okla. (Preliminary Report)

The authors have adopted the principle of operative interference, with the view to closure of the perforation, only in those cases seen in the period of the first 12-18 hours. No benefit seems to be derived from operative interference in the patient with generalized peritonitis. Consequently the regimen consists of medical treatment and surgical interference only for complications.

In a series of 85 cases, all but six of the perforations occurred on the anterior surface of the first part of the duodenum. Five perforations occurred in the lower part of the stomach and some of these occurred so close to the pylorus that there was a question as to whether the ulcer was actually on the stomach or the duodenal side.

There was one perforation of the jejunum occurring in a case that had previously been subjected to a gastrojejunostomy, the perforation occurring 2 cm. distal to the anastomosis. Benign ulcers of the stomach are almost always on the lesser curvature and of the penetrating rather than the perforating type.

Sixty-two cases were subjected to surgery for closure of the perforation. The simplest type of closure was used in all cases operated upon and was used in 59 of the patients. Three cases had more extensive procedures.

Following operation Levine tube suction is instituted, with nothing by mouth until through and through peristalsis is established. In the non-operative patients the same procedure is followed from the beginning. The average of both types in this series usually were taking food by the 5th day. If the ileus remained, a Miller-Abbott tube was substituted and sometimes used in addition to a Levine tube. In one instance it was necessary to perform an enterostomy in addition.

Of the 85 patients treated 14 died; of these 10 were not operated and four were.

During the last four years of this study, there have been no deaths in the operated group and in the non-operated group the mortality has been reduced from 60 per cent to 12.5 per cent. This decrease in mortality is attributed chiefly to the increasing effectiveness of the antibiotics and better understanding of electrolytic balance and a freer use of transfusions. *(From The Journal of the Oklahoma State Medical Association, Vol. 45, No. 3, March, 1952, P. 93)*

Abdominal Puncture as a Diagnostic Aid

Charles M. Henry, M.D., Clarkesville, Ga.

Although abdominal puncture is a simple procedure, it has not had the recognition it deserves as a diagnostic agent. It is employed chiefly for diagnosis of inflammatory conditions and internal injury following trauma to the abdomen.

The technic is simple. The puncture site is chosen according to clinical impression. For example, if a ruptured spleen is suspected, a tap is made in the left upper quadrant. Novocain infiltration is carried down to the peritoneum and through this area an 18 gauge needle attached to a syringe is introduced into the peritoneal cavity.

Gentle suction is then applied by the syringe. Even if only a small amount of fluid is obtained it should be considered abnormal.

If no fluid is obtained it is well to try another area. The fluid should be examined microscopically and smears and cultures made if indicated. A portion should then be centrifuged to get a more accurate picture of the noncellular content. Bile, for example, may be masked if it is mixed with blood.

At first thought it is natural to fear pushing the needle into the bowel. One has only to remember that force and counterpressure are necessary to insert a much finer needle through the bowel during intestinal suture, to realize that this possibility is almost nonexistent. *(From the Journal of The Medical Association of Georgia, Vol. XLI, No. 2, February, P. 59)*

Medullary Nailing

Edwin F. Cave, M.D.

In delayed union or nonunion and in many pathologic fractures of the femur, medullary nailing is by far the best available means of treatment. It should not be employed primarily in compound fractures. It is better to allow healing of the soft tissues and later, within a few days, to insert the nail. It can be used in femoral shortening

or for correction of rotation or angulation deformity. It is a tremendous aid in management of a patient with associated severe abdominal or chest wounds or extensive burns.

Under general or spinal anesthesia, the patient lies on the side opposite to the fracture. The leg is prepared and draped so that both hip and knee can be flexed to 90°. The author's preference is for the anterolateral incision.

The fracture is exposed subperiosteally, sufficiently to mobilize both fragments and bring them up onto the wound. If the fracture is recent, it will probably be unnecessary to enlarge the medullary canal. In nonunion, it is necessary to enlarge the medullary cavity with a reamer or with gouges. The diameter of the canal is estimated by gently inserting a medullary nail that appears to be of the proper size. This should be done in both proximal and distal fragments.

A guide rod of known length is inserted into the proximal fragment; it makes its exit through the greater trochanter and becomes superficial under the skin, where a stab incision is made. The guide rod is driven out through this incision, and over the guide rod is fitted a medullary nail of chosen size. This is driven about 1 inch into the bone. The guide rod is withdrawn, reinserted superiorly into the hollow nail and driven down to the fracture line.

The fracture is reduced and held with clamps and the guide rod further inserted well into the distal fragment. X-rays are taken, to include the fracture site and the knee joint. Accurate measurement of the amount of guide rod in the femoral shaft can then be determined and a nail of proper length chosen. The nail is driven over the guide rod by gently tapping from above.

If impingement is encountered one must proceed with great care, and it may be necessary to use a nail of smaller diameter. As the nail will not bend, one must eliminate the anterior bow of the femur by straightening the bone at the fracture site as the nail is driven into the distal fragment. *(From the New England Journal of Medicine, Vol. 246, No. 8, February 21, 1952, P. 284)*

Surgical Repair of Injuries to Main Arteries

Gordon Murray, M.D., Toronto, Canada

When the main blood vessels are damaged, it is a state of acute emergency in which the circulation must be restored within a matter of a few hours.

The first essential is to stop external hemorrhage and limit hematoma. Then follows a period of observation to determine if the peripheral circulation is adequate. If doubtful, wait and apply what may be done to assist the circulation in the way of sympathetic block, novocain intravenously, application of cold and dependency.

At operation the incision is made in the long axis of the vessel. The hematoma is cleared, the main artery dissected and the perforation, if any, identified. If divided across, both ends must be dissected. If the injury is a partial division or puncture, clots are removed. Repair is done by everting, interrupted or continuous mattress sutures.

If the vessel has not been opened but is contused and not pulsating, an incision is made transversely at the site of thrombosis and the point of greatest contusion and dealt with in a manner similar to that for a completely divided vessel. Where there is a parallel main vessel, as in the forearm and leg, one or the other can be sacrificed with impunity by tying off both ends.

End-to-end suture is preferable if it can be accomplished without too much tension. It is preferable to apply a graft. Rarely will an arterial graft be available; but that venous grafts can be applied with satisfactory results. The graft is placed so that the valves lie open in the arterial current. Sewing with fine silk is the author's choice.

If lateral repair, end-to-end suture or graft has been applied, it is advisable to heparinize this area to protect the suture lines and graft against thrombosis. *(From the American Journal of Surgery, Vol. LXXXIII, No. 3, March 1952, page 480.)*

Early Management of Severely Burned Patient

Everett Idris Evans, M.D., Richmond, Va.

For an extensive burn and shock, a suitable colloid solution for shock therapy (plasma, plasma substitutes, or whole blood) is given at once. This is administered rapidly enough to secure a urine output of 25 to 50 cubic centimeters during the first hour. The first hour's urine should be examined for red blood cells or breakdown products.

The hourly urine output is one of the most important guides to proper fluid and salt therapy in the severely burned patient, so an indwelling Foley type catheter is inserted in the urinary bladder and the bladder emptied.

Gelatin and dextran solutions seem to be as effective and as safe as pooled plasma. For a burn deep and more extensive than 25 per cent of the body surface, we routinely give whole blood in equal quantities with plasma or a plasma substitute for initial burn shock therapy.

If hemoglobin is above 19 grams and urine output below 25 cc. for the first hour, intravenous therapy is speeded up.

Even in very extensive burns (more than 40 per cent) we rarely administer more than 4,000 cc. of chloride or 4,000 cc. of 0.9% sodium chloride in the first 24 hours, and only half these amounts during the second 24 hours.

An occasional burn patient has signs of potassium deficiency; this is treated with 4 to 6 grams of potassium chloride intravenously.

Only after treatment for shock is well under way is attention turned to the burn wound. During shock therapy, the burn wound is covered with a sterile sheet or sterile towels and the attendants and doctors are gloved and masked.

For closed treatment the author uses a single, one piece dry burn dressing. The requirements of this burn protective dressing specifically are: (1) The dressing is of one piece, constructed in such a manner that it can be quickly applied. (2) To ensure a dry wound, it has adequate absorptive capacity so as to contain any burn exudate that may form, for as long as 14 days. (3) It has a non-adhering inner surface of dry gauze. (4) It does not interfere with normal healing if left in place for as long as 14 days and is easily removed.

The exposure treatment has the same objectives as the closed method. No dressing is put on the burn wound. No heat cradle is employed.

There is probably no single "ideal" method for burn wound care. The two methods are not mutually exclusive. The surgeon can often employ either alone or both in conjunction to the patient's advantage.

Penicillin therapy, 300,000 units every 6 hours is started on admission. It is continued until the initial dressing is removed. Should the patient show clinical evidence of serious infection, the dosage may be increased. We have used chloromycetin, aureomycin, and terramycin when indicated. Recent works appear to justify the local or even systemic use of polymyxin against Bacillus pyocyaneus but so far we have had no experience with this therapy. *(From Surgery, Gynecology and Obstetrics, Vol. 94, No. 3, March, 1952, P. 273.)*

Points for Safety in the Operating Room

The material below is reprinted from the Bureau of Mines Report of Investigations 4833. A copy of this report, titled, "Static Electricity in Hospital Operating Suites: Direct and Related Hazards and Pertinent Remedies" should be in the hands of every supervisor. Everyone entering an operating room should be familiar with the information below. Post this on your bulletin board where everyone can read it and send to Bureau of Mines, 4800 Forbes St., Pittsburgh 13, Pa., for a copy of the report.

Specific Conclusions

a. In the average operating suite there are many items of nonconductive material that singly or in combination permit and encourage the development of static electricity.

b. The presence of static charges can give rise to incendiary sparks and is a constant threat to patients and personnel in anesthetizing locations.

c. Many anesthetic gas mixtures, particularly those rich in oxygen, are highly explosive and easily ignited by static sparks. Some of the commonly used mixtures can be ignited by extremely low energy sparks of the order of 0.001 millijoule—less than a millionth of a gram-calorie.

d. There are a number of simple ways of preventing the development of static electricity in operating rooms, the most important being the subsitution of articles of electrically conductive material for those of nonconductive, charge-producing material. Whether or not all of these substitutions are made, conductive floors and conductive contacts from equipment to floors should be provided to take care of any exigencies, such as the possible introduction into the operating room of some piece of unapproved material electrically charged or likely to become charged.

e. In operating suites that still have easily charged materials lying around, the quantities of induced charge apt to be produced and the potentials involved are such that neutralization can be brought about satisfactorily by conducting paths of fairly high resistance.

f. Floors and shoes of unnecessarily low resistance may give rise to spark and shock hazards in rooms where there are ordinary electrical appliances and portable lamps.

g. The use and proper installation in anesthetizing locations of electric lamps, motor, plugs, and receptacles that carry a third wire for positive grounding would reduce greatly the chance of personnel or patient receiving electric-power shock.

h. The correct amount of resistance in a static-charge neutralizing or ground circuit can be determined with adequate margins of safety from a knowledge of the rate of development of charge potential. Dangerous charges commonly require more than 0.1 second to develop.

i. As charge removal accompanies charge development on ground-connected personnel and equipment, conductive paths capable of removing or permitting neutralization of 99 percent of any probable charge in 0.01 second will give a large practical margin of safety. Neutralization of **developing charges** on personnel or equipment in operating rooms or other anesthetizing locations can be adequately and safely accomplished in circuits of several megohms resistance.

j. Application of **preventive** measures must be thorough to assure complete removal of the static-electricity hazard from anesthetizing locations.

Specific Recommendations

1. Wool blankets, plastic sheets, and most of the usual synthetic-fabric materials should not be used around anesthetic-gas equipment or patients anesthetized with combustible-gas mixtures. Cotton blankets and sheets are satisfactory, but if these are stored in a warming compartment some means should be provided to keep them from losing moisture. Before new types of materials are admitted to operating-room or delivery-room suites, they should be rigorously and completely tested under conditions of low relative humidity to be sure that they cannot readily develop high-potential charge.

2. Conductive rubber mattresses, pads, and pillows should be substituted for the ordinary variety as soon as they are available. Conductive mattresses are strongly recommended for carriages, especially where nonconductive floors are still in use. Conductive covers are satisfactory if they completely and permanently enclose the nonconductive items. Conductive cover material is becoming available and should be put to use speedily.

3. Personnel wearing ordinary rubber or synthetic soled shoes may carry static,

regardless of the type of floors. Conductive shoes, therefore, should be worn by all personnel who work around combustible anesthetics or anesthetized patients. Such shoes should have a resistance of not less than 0.1 megohm each, but they should not have or acquire an individual resistance of more than 0.5 to 1.0 megohm. Until approved conductive shoes can be obtained, leather shoes, unless they have rubber insoles or waterproofing, will usually suffice to bring about neutralization of body charges quickly. If the leather soles are reasonably conductive and recommendations 1, 5, 6, and 8 have been put into effect, the hazard introduced through the use of ordinary rubber or composition heels may be regarded as insignificant.

4. Suitable conductive-rubber breathing tubes, masks, and bags should be installed on existing anesthesia machines as soon as they can be obtained they should be standard equipment on all new machines.

5. Conductive floors should be used in all operating and delivery rooms and in other rooms where combustible anesthetics are administered. An effort should be made to keep floors within the limits of present code requirements, and well above the lower limit. The opinion of the authors, based on many tests and considerations, is that the most satisfactory well-seasoned floors will introduce in any neutralizing circuit or to the ground a resistance of not less than 0.2 megohm nor more than 2.0 megohms. Such floors will remove static charge adequately from any conductive bodies properly connected to them and prevent disconcerting, if not dangerous, shock due to possible defects in electrical equipment such as lamps and heaters.

6. Stools with smooth, rounded feet and bare-metal tops are the most satisfactory ones electrically. If upholstered covers are needed for comfort or to prevent sliding or falling, they should be of conductive material. If stool tops are painted or enameled these coatings should be removed. Wide cross straps of adhesive tape, sometimes used to prevent sliding, are not objectionable, but at least 50 percent of the bare top surface of the stool seat should be left exposed.

7. Nonconductive casters, tires, and stool-leg tips should be replaced by conductive rubber or other suitable material on all equipment used in the administration of combustible anesthetics or in the handling of anesthetized patients. If these cannot be obtained from the manufacturers of hospital supplies, wet towels to insure removal of static electricity from operating table, anesthesia machine, stool, and anesthetist should be used. Until it is possible for a hospital to install conductive floor in all hazardous areas, it is advisable to use wet towels in any instance, as they are much more effective in conducting electricity into floor materials of high resistance than any other method; as noted on page 24, wet towels can also be used effectively on carriages. If 1-megohm resistance-type intercouplers are employed they must be kept in good repair and tested frequently.

8. Other garments of wool, silk, or synthetic materials, such as rayon, nylon, orlon, etc., should be prohibited in anesthetizing locations. However, there seems to be no substantial evidence that personnel acquire static charge potentials as a result of wearing properly covered undergarments of these materials. Cotton uniforms are more suitable from an electrical standpoint than those of other materials because they retain a useful degree of conductivity at fairly low humidities and because they are not apt to produce or acquire charge by frictional contact with other cotton articles, such as sheets, bandages, sterilized bundles, etc.

9. Receptacles and plugs that cannot be pulled apart accidentally should be installed where needed. Unless they are of the explosion-proof type they should not be placed lower than 5 feet above the floor or in any location where combustible anesthetic gases can pass over them or envelop them. Care should be taken to keep ordinary switches and open motors and heaters well out of range of combustible gas mixtures. **Electric wiring and equipment should be in conformity with the latest approved regulations of the National Fire Protective Association for hospital operating rooms wherever possible.**

10. A suitable measuring instrument (**see** section on instrumentation) should be installed in a convenient and safe place for testing the conductivity of shoes of all personnel entering areas where explosive gaseous anesthetics are administered. If conductive shoes cannot be obtained, shoes of leather or other absorbent material usually can be brought to a desirable value of conductivity in a few minutes by standing on a wet pad or piece of wet carpet. A little glycerin or hygroscopic salt, such as calcium chloride, in the water will give the treatment more permanence.

The authors believe that these recommendations for reducing to a minimum static-spark and ordinary electrical hazards in hospital anesthetizing areas are pertinent, practical, and essential.

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Q.R. Mailbag

In your publication HOSPITAL TOPICS and Buyer's Guide, Vol. XXIX-No. 1, dated Jan. 1951, listed on page 44 is an article titled, "How to Clean Syringes."

I am very interested in knowing a little more regarding the Char-Lab. The manufacturer is not mentioned and I have not been successful in finding this piece of equipment in the hospital catalogs at my disposal.

If possible would you send me the name and address of the manufacturer of the Char-Lab.

Claire R. Doyle, R.N.
Supervisor
Central Supply Dept.
Wilkes-Barre VA Hospital
Wilkes-Barre, Pa.

ED: Manufacturer of the Char-Lab is the Fisher Scientific Company, 717 Forbes Street, Pittsburgh 19, Pa.

✠

We do not have an Association of Operating Room Nurses in this section. But I am glad to say for several months now plans have been under consideration to organize one.

If you have any suggestions that might help us on our way toward an organization, they would be appreciated.

Eva Kitchens, R.N.
Sylacauga Hospital
Sylacauga, Ala.

ED: We have been able to send some information along to Miss Kitchens which may be of help in organization of an A.O.R.N. in her area. If a similar situation exists in your area, please call on us. We shall be happy to help in whatever way we can.

✠

I wish to thank you for your gift of HOSPITAL TOPICS for 1952.

I have received it in the past as a gift from you and wish to take this opportunity to tell you of my enjoyment of the O.R. Section especially. The articles are of interest to me as I am in a small hospital and do not have an opportunity to see some of the surgery procedures outlined, also many of the questions and answers are of great value.

Rachel Garlick, R.N.
Magruder Memorial Hospital
Port Clinton, Ohio

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Additional Classified on page 50

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*Riser, A. B.; Kahn, S. S.; Pardue, W. P., and Lawrence, W. E.: Mercurial Diuretics in the Treatment of Congestive Heart Failure. American Practitioner (January) 1951. Reprint available on request.

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